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ABSTRACT

These hearings before the Congressional Subcommittee on Select Education consider the extension through fiscal year 1985 of appropriations for programs established by the Alcohol and Drug Abuse Education Act. The text of the extension bill, H.R. 2644, is presented, followed by testimonies from the Department of Education as well as individuals who are currently implementing drug education programs in their local schools as a direct result of their training experiences. Comments are also presented from representatives of the National Institute on Alcohol and Alcoholism, the National Institute on Drug Abuse, and the Center for Disease Control concerning complementary efforts in the areas of alcohol and drug abuse prevention. The serious extent of alcohol and drug use in schools is emphasized and the effectiveness of federal government programs on alcohol and drug abuse education over the past decade is discussed. The federal role in stimulating local interest and assisting local districts in developing effective prevention programs at state and local levels is described, and the issue of giving authority to the individual states by grouping alcohol and drug abuse education funds with other educational program funds in block grants is also debated. (NRB)

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ALCOHOL AND DRUG ABUSE EDUCATION ACT AUTHORIZATION EXTENSION

HEARINGS

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

H.R. 2644

TO EXTEND AUTHORIZATIONS OF APPROPRIATIONS FOR PROGRAMS ESTABLISHED IN THE ALCOHOL AND DRUG ABUSE EDUCATION ACT

HEARINGS HELD IN WASHINGTON, D.C., ON MARCH 23 AND APRIL 3, 1981

Printed for the use of the Committee on Education and Labor

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ALCOHOL AND DRUG ABUSE EDUCATION ACT AUTHORIZATION EXTENSION

MONDAY, MARCH 23, 1981

House of Representatives,
Subcommittee on Select Education,
Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to call, at 9:30 a.m., in room 2261, Rayburn House Office Building, Hon. Austin J. Murphy (chairman of the subcommittee) presiding.

Members present: Representatives Murphy, and Erdahl.

Staff present: Gary Caruso, legislative director; Roseann Tulley, administrative assistant; Cheryl Kinsey, professional staff member; Rich DiEugenio, minority legislative associate; and John Dean, minority senior legislative associate.

Mr. Murphy. The Chair apologizes for being late.

This morning we begin hearings on H.R. 2644 which would extend through fiscal year 1985 the authorization of appropriations for the Alcohol and Drug Abuse Education Act. As an alternative to the administration's proposal to include this program in a block grant to the States, I am proposing an 83-percent reduction in authorization level, from $18 million in fiscal year 1981 to $3 million for fiscal year 1982. This authorization will meet the national mandate to cut Federal expenditures and it will allow for only an 8-percent-inflation increase for each of the following fiscal years.

This substantial cut, however, is by no means indicative of the significance of the alcohol and drug abuse education program. We must recognize that local school personnel have identified the widespread use of drugs and alcohol by students of all ages as one of the most severe and complicated problems that schools face today. The alcohol and drug abuse education program is the only Federal prevention program that addresses the critical problem of alcohol and drug abuse prevention in schools on a nationwide basis.

Initially this categorical program was developed to aid States in dealing more adequately with the ever-growing problem of alcohol and drug abuse among our Nation's youth. Rather than prescribing a specific solution or implementing a model program, this program offers training and technical assistance to States and local school districts to help them design and implement programs to meet their unique needs. The network of regionally based training centers allows for States to share information on ways they have found to successfully deal with their problems. If this program were to be included in a block grant, the amount of money each State would receive would be so small it would be unlikely that the program would exist in its present form.

[The text of H.R. 2644 follows:]

97TH CONGRESS
1ST SESSION

H. R. 2644

To extend authorizations of appropriations for programs established in the Alcohol and Drug Abuse Education Act.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 1981

Mr. MURPHY (for himself and Mr. SIMON) introduced the following bill; which was referred to the Committee on Education and Labor

---

A BILL

To extend authorizations of appropriations for programs established in the Alcohol and Drug Abuse Education Act.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "Alcohol and Drug Abuse Education Act Amendments of 1981".

EXTENSION OF PROGRAMS

SEC. 2. (a) The first sentence of section 3(i)(1) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(i)(1)) is amended by striking out "and", and by inserting before the period at the end thereof the following: “; $3,000,000 for the fiscal year 1982; $3,240,000 for the fiscal year 1983; $3,499,000 for the fiscal year 1984; and $3,779,000 for the fiscal year 1985;”.

(b) Section 3(i)(3) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(i)(3)) is amended by striking out “1981” and inserting in lieu thereof “1985”.

STATEMENT OF PURPOSE

SEC. 3. Section 2(b) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1001(b)) is amended by inserting “and related deviant and destructive behavior” after “abuse” the first place it appears therein.

EVALUATION OF PROGRAMS; REPORTS TO CONGRESS

SEC. 4. Section 3(h) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(h)) is amended—

(1) by striking out “(h)(1)” and inserting in lieu thereof “(h)”;

(2) by striking out “shall use funds in an amount of 3 per centum” and inserting in lieu thereof “may use funds in an amount not exceeding 5 per centum”; and

(3) by striking out paragraph (2) thereof.

TECHNICAL AMENDMENTS

SEC. 5. (a)(1) Section 3(a) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(a)) is amended—

(A) by striking out "Commissioner of Education" each place it appears therein and inserting in lieu thereof "Secretary"; and

(B) by striking out "Commissioner" and inserting in lieu thereof "Secretary".

(2) Section 3(d) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(d)) is amended by striking out "Commissioner" and inserting in lieu thereof "Secretary".

(3) Section 3(e) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(e)) is amended—

(A) by striking out "Office of Education" each place it appears therein and inserting in lieu thereof "Department of Education"; and

(B) by striking out "Commissioner" and inserting in lieu thereof "Secretary".

(4) Section 3(f) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(f)) is amended—

(A) by striking out "Office of Education" each place it appears therein and inserting in lieu thereof "Department of Education"; and

(B) by striking out "Health, Education, and Welfare" and inserting in lieu thereof "Education".

(5) Section 3(g)(1) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(g)(1)) is amended—

(A) by striking out "Commissioner" each place it appears therein and inserting in lieu thereof "Secretary"; and

(B) by striking out "and" at the end of subparagraph (D).

(6) Section 3(g)(2) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(g)(2)) is amended by striking out "Commissioner" and inserting in lieu thereof "Secretary".

(7) Section 3(g)(3) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1002(g)(3)) is amended—

(A) by striking out "Commissioner" and inserting in lieu thereof "Secretary"; and

(B) by striking out "subsections (d)(1) and (d)(2)" and inserting in lieu thereof "paragraphs (1) and (2)".

(8) Section 3(h) of the Alcohol and Drug Abuse Education Act, as so redesignated in section 4(1), is amended by striking out "Commissioner" and inserting in lieu thereof "Secretary".

(b) Section 4(a) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1003(a)) is amended by striking out "Commissioner" and inserting in lieu thereof "Secretary".

(c) The first sentence of section 5 of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1004) is amended—

(1) by inserting "Secretary, the" after "The"; and

(2) by striking out "the Secretary of Education".

(d)(1) Section 8(a) of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1007(a)) is amended to read as follows:

"(a) The term 'Secretary' means the Secretary of Education.".

(2) Section 8 of the Alcohol and Drug Abuse Education Act (21 U.S.C. 1007) is amended by striking out paragraph (b) and redesignating paragraph (c) as paragraph (b).

Mr. **Murphy**. Today we will hear testimony from the Department of Education, the Federal agency responsible for the administration of the alcohol and drug abuse education program, as well as a variety of individuals who are presently implementing programs in their local schools as a direct result of their training through this program. Also we have invited representatives from the National Institute on Drug Abuse, the National Institute on Alcohol and Alcoholism and the Centers for Disease Control, to comment briefly on their complementary efforts in the area of alcohol and drug abuse prevention.

We will hear testimony from the first panel of witnesses, and then we will ask our questions.

The Chair is joined by Mr. Erdahl and hopefully other members in the next several minutes.

The first witness is Dick Hays, accompanied by Dr. Helen Nowlis, director of the alcohol and drug abuse education program.

Mr. Hays, you may proceed.

STATEMENT OF DICK HAYS, ACTING ASSISTANT SECRETARY FOR EDUCATION RESEARCH AND IMPROVEMENT, DEPARTMENT OF EDUCATION AND DR. HELEN NOWLIS, DIRECTOR, ALCOHOL AND DRUG ABUSE EDUCATION PROGRAM

STATEMENT OF DICK HAYS, ACTING ASSISTANT SECRETARY FOR EDUCATION RESEARCH AND IMPROVEMENT, DEPARTMENT OF EDUCATION

Mr. **Hays**. Thank you, Mr. Chairman.

Thank you very much for extending an invitation to the Department of Education to appear before your committee today and share its views on the Department's efforts in combatting alcohol and drug abuse in our Nation's schools.

With your permission, I will make some brief remarks and then Dr. Nowlis and I will be available to answer any questions you might have. Accompanying me today is Dr. Helen Nowlis, director of the Department's alcohol and drug abuse education program, who is also available to respond to questions raised by this committee.

Mr. Chairman, I believe we all understand that alcohol and drug abuse among our Nation's youth is a serious problem. Anyone who is a parent or who has ever worked with children and youth can attest to this. National polls repeatedly indicate that the problem is foremost in the minds of parents; a wide variety of data support these concerns; and the effects on school climate have captured the attention of teachers, school administrators, and government officials at all levels.

Mr. Chairman, the issue today is not whether we recognize that there is a problem but rather what the appropriate Department of Education role should be in addressing it.

During the past 10 years, the Federal Government has assisted in funding alcohol and drug abuse prevention activities in the schools. The primary objective of the Department's program on alcohol and drug abuse education has been to develop a local capacity by the schools to deal with local problems using local resources.

Since the midseventies, the major thrust used to carry out program objectives has been training and technical assistance to the schools. Through a network of regionally based centers, assistance has been provided to States and local school districts to aid them in defining their problems and the design and implementation of their own self-sustaining solutions.

We believe that the program has grown in responsiveness. It has moved from the training of individual schools in interdisciplinary teams within schools, to clusters of teams and schools. This past year the program sponsored regional workshops with States and LEA's in order to encourage networks of coordination, resource sharing, and regional based problem solving and increased communication among States.

In its 10-year history the program has reached over 2,500 schools, with programs in all 50 States and outlying areas. We have even had instances where local school districts have opted to participate in the training program at their own expense because Federal dollars were not sufficient to meet the demand.

Undoubtedly you will be hearing much today about how effective this program has been. We are in fact proud of this record. It is witness to the accomplishment of the program and the responsiveness of the education community to finding effective solutions. The program has in many ways been a model for Federal-local relations on a problem which vitally affects education, for the definition of the problem and the strategies for its solutions are in the hands of those who know and understand it best: The people in the local schools.

Our role, the Federal role, has been to stimulate local interest and to assist local districts in developing effective ways in which prevention programs can be accomplished at the State and local level. We believe we have accomplished this and we are particuarly proud that we have gone a long way in equipping schools with the necessary tools to continue on their own.

Mr. Chairman, as you know, this administration does not believe that the appropriate Federal role in education is to continue a prescriptive, catagorical approach for issues which are within the traditional purview of the States. With this basic philosophy as a backdrop, it must be made clear that it is not our intention to eliminate this or any other programs included in the proposed block grant. Rather it is our intention to provide, thorugh unencumbered resources, the support and necessary flexibility to States which will enable them to make choices about issues and the manner in which these will be carried out.

In its planning, the Department considered the uniqueness of the alcohol and drug abuse education program. Its decision to include this program in the proposed consolidation plan was based on a recognition that the severity of the problem of alcohol and drug abuse in our schools is understood by State and local governments and, that throughout the program's history, mechanisms have been put in place at the State and local level which equip the schools to combat the problem. It is now appropriate to permit States to decide whether to address this problem and if so how, and we believe that sufficient flexibility exists to allow States to do this.

Mr. Chairman, I trust you understand that this administration is not backing away from the problem of alcohol and drug abuse. However, we firmly believe that the manner in which programs dealing with this problem are developed and carried out are best addressed by the States and localities. We therefore urge you to support our proposal for block grants and not to seek a separate reauthorization for this program.

Dr. Nowlis and I are available for your questions, Mr. Chairman.

Mr. MURPHY. Thank you, Mr. Hays.

STATEMENT OF DR. HELEN NOWLIS, DIRECTOR, ALCOHOL AND DRUG ABUSE EDUCATION PROGRAM, DEPARTMENT OF EDUCATION

Mr. MURPHY. Dr. Nowlis, you have been the Director of the program for how long?

Dr. NOWLIS. Since August of 1971.

Mr. MURPHY. Do you believe that the program has been successful in carrying out, or do you have any concrete results of the program having been carried out to any success? We hear a great deal about drug and alcohol abuse in our schools. I guess I would like to have your opinion as to what degree you think it has succeeded and to whether or not you have any facts to substantiate that claim.

Dr. NOWLIS. We believe very strongly that it has succeeded. One must take into account the fact that if you are dealing with prevention and you are dealing with prevention via the training of educational personnel, who in turn will have an impact on students, that we really need longitudinal studies.

However, we have been dealing with so many schools and so many different communities, very different communities, who report success, that we are much encouraged.

For instance, the Jordan Intermediate School in Salt Lake City reports a 95-percent decrease in drug and alcohol offenses on campus, a 98-percent drop in vandalism, a 75-percent drop in truancy, a 90-percent decrease in dropouts, and a 50-percent decrease in disciplinary referrals.

Mr. MURPHY. Those decreased from when? From before the institution of the program?

Dr. NOWLIS. Yes. For instance, the Jordan team was trained in July of 1977, and these are figures as of March 15, 1980.

Mr. MURPHY. So that it is a 2-year period. You mean by the Jordan team, their team of alcohol and drug abuse education personnel trained through this program.

Dr. NOWLIS. Right, trained through the program and provided with technical assistance and further training back in their own community as they address their individual problems.

Mr. MURPHY. Now do you honestly believe that if we throw this burden back to 50 State governments in the nature of a block grant grouping these funds with other funds for educational programs that we are going to have that type of success rate nationwide?

Dr. NOWLIS. I could not predict. This will be the decision of the States as to whether they put any of those funds into the program or all of them theoretically.

Mr. MURPHY. Are you telling me then, Dr. Nowlis, and Mr. Hays, that if we block grant these funds with other funds, it will be up to each State government then to decide whether or not they will continue to have an alcohol and drug abuse program? Is that correct?

Mr. HAYS. That is correct, Mr. Chairman.

Mr. MURPHY. They will be given the money anyway?

Mr. HAYS. The final specifications of the block grant are yet to be determined. I believe that it is scheduled to be presented to Congress sometime this week, but our understanding is that there would be great flexibility in terms of the decisions that States and local educational units would have.

We believe that successful leadership by Dr. Nowlis and through our State and local education agencies and through our regional network and training efforts at our five regional centers, we have exhibited a model and an approach which can be used and hopefully will serve the State education agencies as well as they think about their priorities in the future.

Mr. MURPHY. At the present time it is my understanding that Congress has appropriated $3 million; is that correct?

Dr. NOWLIS. It is the continuing resolution.

Mr. MURPHY. Right now, how much does the present administration propose to throw into the pot from the alcohol and drug abuse program?

Mr. HAYS. Mr. Chairman, the $3 million level which is at the continuing resolution level, the administration requested last week for 25 percent reduction for fiscal year 1981 which would make our request at this time $2.25 million.

And this is standard across the board for all the programs that are being proposed to be included in the block grant consolidation approach.

Mr. MURPHY. Would you agree to accept if this committee recommended the $2.25 million and the Appropriations Committee agreed to $2.25 and retain the Federal administration of the program?

Mr. HAYS. No, sir. The administration's proposal is to include this in the block grant approach.

Mr. MURPHY. If the Congress does accept your approach, none of the States, or very few of the States have a statewide program of this nature. They have been relying upon the Education Department's program. Who will the States turn to for the technical assistance necessary to establish their programs?

Mr. HAYS. That would be up to them, Mr. Chairman.

Mr. MURPHY. They can turn to anybody.

Mr. HAYS. They could turn to their university system. They could turn to the current regional concept if the States in that region decided to continue that sort of approach. In the past year, Dr. Nowlis and the others have emphasized training at the State education level in terms of developing regional networks and communication. We hope that would serve them well in making determinations in the future.

Mr. MURPHY. There would be no one they could turn to here in the Federal Government then for any technical assistance either in the transition or in the programs thereafter? This is strictly a State choice and obligation.

Mr. Hays. We have not really determined the level of technical assistance that can and would be provided by the Department. As soon as that is determined, we would be pleased to share that with the committee.

Mr. Murphy. Would that not take money?

Mr. Hays. Well, technical assistance can take many forms, Mr. Chairman. If we had technical assistance through here, through knowledgeable people, who could assist, perhaps most of that would be in personnel costs and some travel money. We do not anticipate there would be program money requirements after fiscal year 1981 at the national level anyway.

Mr. Murphy. What would be the level of funding in fiscal 1982, $2.25 million in 1981, and what would be your level of funding, if any, in 1982?

Mr. Hays. Well, it is proposed that all of the programs that would be going into the block grant proposal would carry with them, fiscal year 1981, reduced levels.

Mr. Murphy. You are telling us that at least so far as you know, in 1982, we would then see a request for $2.25 million in the pot from the drug and alcohol program.

Mr. Hays. It could be viewed that way. I think what you will receive, Mr. Chairman, is an overall request from the administration for the block grant, and in that would of course include the flexibility to support alcohol and drug abuse prevention programs should the States desire.

Mr. Murphy. There would be no mandate that those funds be used to provide this educational program, would there?

Mr. Hays. Not as we understand the block grant approach, Mr. Chairman.

Mr. Murphy. The funds would not be earmarked for this program.

Mr. Hays. That is my understanding, sir.

Mr. Murphy. And the program could be conducted by the State in any manner they chose.

Mr. Hays. That is my understanding, Mr. Chairman.

Mr. Murphy. Mr. Hays, I have been in State government for a long time, and now Federal Government for a few years. I know how they do it in my State. They would send down a few thousand dollars to the counties, and the commissioners would hire some committee man in some obscure precinct, and he would become the drug and alcohol abuse officer. It would be his job to make sure that we did not have drug and alcohol abuse and that is where the $18,000 would go to my county and I suspect in the other 66 counties in Pennsylvania. That is my opinion.

I think that is what will happen to this program if you just throw money back to the States and say, "Do with it what you want." They will supplement existing appropriations. They will provide some political jobs, and it will be the end of the program. I do not think you are advocating that, are you? You think the States will really do it?

Mr. Hays. We believe the problem is severe, Mr. Chairman, and we also believe that there are people at the State and local level who are interested in providing and finding good methods for prevention.

Mr. **Murphy** But are we not providing these funds right to the local level at the present time? Isn't that where these trainees come? They can go right back to the local school, Dr. Nowlis?

Dr. **Nowlis**. Yes, sir.

Mr. **Murphy**. They are trained in a Federal program and they go right back to local school districts now.

Dr. **Nowlis**. Yes, sir.

Mr. **Murphy**. Thank you.

Mr. Erdahl.

Mr. **Erdahl**. Thank you, Mr. Chairman.

Thanks to both of you for being with us. I sense in some ways that you are maybe not the formulators of policy but you are messengers bringing us the news. We can recognize the posture that you are in and can understand maybe some of the travail all of us go through in making some of the adjustments that seem necessary to be made.

Mr. **Murphy**. I concur with that.

Mr. **Erdahl**. I, too, have shared some of the chairman's concern about shifting from the categorical grants to the block grant concept. I happen to come from Minnesota and recently was talking to Governor Quie. We have some Minnesotans here today who will be testifying a bit later. I expressed this concern, and without sounding overly self-righteous about it, I think in Minnesota under both Democratic-Farmer Labor and Independent Republican administrations, I think we have been rather progressive in dealing with some of these areas, including this one. I asked the Governor, who had served for 20 years in the Congress and served on this committee, if he had some apprehensions about what might happen in shifting to bloc grants. I was not trying to flatter him when I said I think we will do pretty well in Minnesota, but what are we going to do in—and I won't mention the States, but I did mention several States to him. Pennsylvania wasn't one of them.

He said he had met with his colleagues throughout the country and he felt more assured that they in fact did have concerns in many of these areas so was supporting the thrust of the administration to have rather a massive shift in concept from categorical grants to block grants. He felt quite confident that the various Governors of various States would in good conscience, try to pick the right priorities.

I would like to ask just a couple of questions about it. I have just looked at the guidelines, also a brochure put together, and I have got to assume that the local superintendents and school officials who probably are more aware of the problem because they are dealing with specific cases and specific young men and young ladies, boys and girls really in some cases, that they would be still sensitive to try to continue on with programs that have worked well in education programs about various chemical abuse, alcohol, and so forth.

Do you care to comment, either one of you? It seems to me that they have not been written by a bureaucrat. They really look pretty good. Even a Congressman can understand them. I would think that the superintendent would make good use of that program or are we not going to see any coordinating at all with that type of brochure and those types of guidelines if a shift in concept might take place.

Dr. **Nowlis**. I think this will vary from State to State. For instance, in Utah where they have developed their own training capacity and where the Salt Lake City school board has recently stated as official policy the training of a team in every school, that they will have an impact in Utah. When you come to a huge State like Illinois or New York, who knows.

Mr. **Murphy**. Would you yield? I would like to ask where do you train these people? I just want to know where did you train this team in Utah.

Dr. **Nowlis**. They were trained by our center in San Antonio, Tex., which serves a 10-State southwestern area.

Mr. **Murphy**. How many centers do you have?

Dr. **Nowlis**. Five.

Mr. **Murphy**. Go ahead, Mr. Erdahl.

Mr. **Erdahl**. I will address this to Dr. Nowlis, is it your understanding that if this change would be accomplished that the administration is advocating, and I am not trying to be overly personal, would there be a director on the Federal level of the alcohol and drug abuse education program?

Dr. **Nowlis**. I do not know.

Mr. **Hays**. Mr. Erdahl. I do not know at this time. I indicated to the chairman, the technical assistance and staffing requirements related to programs that were categorical are yet to be determined and that we would share with the committee as soon as those decisions are made.

Mr. **Erdahl**. Recently I think on national news or over the wire service there was a new study that talked specifically about drinking in high schools and how extensive this was. Maybe this is something we are assuming, I think all of us, that there is a serious problem. Just how serious is the problem of alcohol, controlled substances, and drug abuse by our young people in this country?

Dr. **Nowlis**. It is serious. The only good news is that the latest annual survey done by the National Institute on Drug Abuse of high school seniors indicates that except for alcohol and stimulants, use has leveled.

Mr. **Erdahl**. That is a specific question I was getting at. We seem to tolerate certain substances in society that have been accepted by adults. For example, alcohol, booze, but we get all shook up if the kids have a marijuana cigarette. I am not saying that one is worse or one is better than the other. But it seems the No. 1 drug in our society that is abused whether by kids or older people is alcohol. This study I saw some place was alarming in that a very high percentage of kids in high school would not only go out and have a beer with their buddy, but were actually addicted already—16-, 17-year-old kids.

Dr. **Nowlis**. Not only is alcohol the most pervasive and the most difficult to deal with for the very reason that the adult society accepts it so widely, but in terms of the problems associated with it as a drug, my own personal feeling is that it is the most dangerous drug that is widely used in our society.

Now, for instance, if we take the survey of the class of 1980, this is on the basis of a national sample of 100,000 high school seniors—and these are extrapolated figures, they should not be taken as real numbers—2,600,000 million-plus have used alcohol in the last year. Now "used" can mean 1 or 10 times or 100 times. That is 2,100,000 are currently using and 178,000-plus are using it daily.

Now, that is only part of the story, because many of the problems associated with alcohol can occur if a person uses it only once. They could get into a driving accident. They can get into physical combat with friends, so it is a very difficult thing, but everybody and everything says that it is not only a very serious problem, but it is a growing problem.

Mr. ERDAHL. Mr. Chairman, we are dealing with the mechanics of how do we best combat this. I am aware of your very strong feelings about the categorical grant and maintaining programs that have worked, but I do not think we will have an argument from anybody that it is not a very serious problem in our society. I am a parent of several teenagers and I think we all share these concerns whether we have kids in school or not.

I am glad you brought it up in the statement you made that alcohol is the most serious drug that we deal with in society in this country today. I think we are kidding ourselves if we say it is not.

Just how to do it wisely, I guess that is one of the dilemmas we face.

Just one more question before I yield back my time. What is happening in many States that have lowered the legal age for consuming alcohol from 21 to 18? It seems oftentimes this has been an avenue for kids to share it with their peers and it gets into the lower ages. We hear it also that the junior high levels have access to booze. Do either one of you care to comment on that from your experience? Sometimes I think personal experiences or insights are even more helpful than statistics. We get statistics thrown at us all the time. Obviously, we try to analyze and go by that, but sometimes your perceptions as experts in the field are very helpful. Either or both of you care to respond to that?

Dr. NOWLIS. I happen to feel that there are many forces in our society that are supporting the factors which lead to deviant drug behavior and that everybody is perfectly willing to have a media campaign. I do not think there is a State where there is not an effort to do something. In the case of lowering the drinking age, I have raised three sons, and I now have three grandsons who are teenagers. I am very much aware of what goes on. As long as they want it, no matter what age you put it at—it was 21 when my sons went through high school and college. It was available. There are too many adults who will make it available without really realizing what it is all about.

Mr. MURPHY. Maybe we are sending the wrong people to the training schools.

Mr. ERDAHL. Send the adults in other words.

Dr. NOWLIS. We are working on the adults. We work on the educational personnel, but every one of our teams is trained to develop programs for parents and to pull in the community, because this is a many-faceted problem. No one institution, no one group is going to solve it. It is a function of school, parents, community, media, and as long as you have, for instance, a media group promoting and a school and parent group resisting, you are going to have problems so that each one represents only part of a solution.

Mr. **Erdahl.** That brings another question to mind. If you have any guesstimates, what are the funds that are involved in this program and others? How do those funds compare with what the media spends and what the industry spends? I have got to believe if it is 1 out of 1,000, I am probably exaggerating.

Dr. **Nowlis.** The whole media activity, vis-a-vis drugs, all drugs, particularly illegal drugs and alcohol has been a multibillion-dollar business for the last 10 years.

Mr. **Erdahl.** How does that compare with what we are talking about in programs like this at the school level?

Dr. **Nowlis.** It certainly has not had too much impact on the problem. We have seen it increase over the years, and we have seen it move down in the age range over the years.

Mr. **Erdahl.** I think you have had some good comments and testimony. Thank you both for being with us.

Thank you, Mr. Chairman.

Mr. **Murphy.** Thank you, Mr. Erdahl.

One final question. The five training centers that you now have in the country would be disbanded under the new administration approach I would imagine.

Mr. **Hays.** The five training centers we have now, Mr. Chairman, are under contract which is a 5-year and annual renewal up to a maximum of 5 years. It would still be up to them to put together proposals that could be considered at the State level.

Through the past few years, regional concepts have been in place. The States have been part of that. If the States desire, they could maintain at the present time the type of network and even the training centers if they desire, but that would be their decision. We feel that over a 10-year history we have provided excellent models for State and local governments to use. I think Dr. Nowlis, through her leadership, has shown how to take a small amount of money and make sure we could touch the maximum number of people in a very effective approach.

Mr. **Murphy.** Thank you.

The next panel is Ms. Sharon Collins, Rodeo, Calif.; Dr. Bob Bourdene and I understand that Dr. Zucco is not in as of yet.

Ms. Collins, you may proceed.

STATEMENT OF SHARON COLLINS, SCHOOL BOARD MEMBER, RODEO, CALIF. AND BOB BOURDENE, DISCIPLINE ADMINISTRATION, LETOT ACADEMY, DALLAS, TEX.

STATEMENT OF SHARON COLLINS, SCHOOL BOARD MEMBER, RODEO, CALIF.

Ms. **Collins.** Good morning.

I would like to start out by telling you that I am from Rodeo, Calif. It is the northeast corner of the San Francisco Bay region in California. We have approximately a population of about 12,000 people, a student population of about 1,800 children. Included in your packet I mailed to you last week was my personal testimony and the effect that region 8, which operates in our district, has had in our local community. I also included statements from each of our team leaders. Our school site administrators also are team leaders. I included their comments and what they thought about the region 8 effect in our school district. I also included one action plan that the high school team put together. There were four teams involved, but I did not want to overburden you with a lot of reading material. I thought that action plan would be appropriate in terms of the hard work that our faculty did do and the effects that it will have on our community.

So I thought now that you have all those written documents that I would proceed and follow through the questions that you had submitted to me in writing and carefully answer those questions for you.

The first one had to do with the school team approach and how effective it is in our school district.

Mr. MURPHY. How does your school team work?

Ms. COLLINS. We have two elementary, one middle and one high school. The clusters include two board members, all the school site administrators, and faculty members, and we had community members who participated in the residential training.

Basically in our school district we have the autocratic classroom. It is basically a very isolated atmosphere for the teacher. They have nowhere to turn for resources or if they are overburdened with particular problems in their classrooms, there is nowhere for them to go.

The team approach I felt was very effective because the more people you have involved in a particular planning or working as an agent, the more effective it will be in your respective community, particularly when you are addressing disruptive behavior, vandalism, issues that people really do not seem to want to deal with at all.

Another thing that I think the team effort did for us, it created a very broad base because we did have board members and administrators and faculty members participating in this action. We familiarized ourselves not only with each one's perspective in the hierarchy of administration, but we always familiarized ourselves with the problems and how each respective group works with those particular problems.

I, as a board member, would have to deal with substance abuse or any of those given areas differently than the classroom teacher. In that sense, I thought the school team approach was very effective. Then it also increased a very weak area in our system which is communication. We do now have the elementary schools articulating better with our high schools. In this sense, it will improve our curriculum, and it will address the drug abuse issue.

The next question that you had asked me, is wanting to know exactly what programs have evolved in our community. First of all, I have to classify that we are still in an infancy state. We just completed our 10-day training this past December. I have been on the board for a year and a half now. The No. 1 concern I did see in our district was that this particular issue was not being addressed at the school site and the communities. There were no resources available at all.

Mr. MURPHY. Where did you complete your training?

Ms. COLLINS. In Oakland, Calif.

Mr. MURPHY. Is that the national center or the one with the national contract? How did you get your training? Where? How? The center there?

Ms. COLLINS. Yes.

Mr. MURPHY. Who funds the center?

Ms. COLLINS. We applied for a subcontract from the Office of Education, the Awareness House. The Mills College Station at Oakland, Calif, has the contract from the Office of Education and they are the ones that presented the 10-day training program to us.

Mr. MURPHY. Who went from your school district?

Ms. COLLINS. Two school board members, the principals from each school site, which is four—our continuation high school did not participate—and then faculty and parents from the community, all participated, 21 in total.

Because we are in the infancy state I wanted to say that because I saw this weakness or lack of resource in our school district. I attended a conference last February that told us and introduced me to the Office of Education's Federal program addressing drug abuse and substance abuse and things of this nature. I took this information back to our board and it met with unanimous approval. We proceeded ahead and went to the 10-day training. It is March now but already we have implemented in our school district a counseling program at the high school. We are in the process of implementing a student career program. The grant has been written so the next phase will be the actual operation of it. We have improved our discipline policy. It was very weak. We have had an effective committee looking and formulating recommendations to the board, and we are also looking at alternatives in that area such as in-house suspension and things of this sort.

We also now are beginning to list some of the resources available through our county and State and Federal agencies. Yet to come, which I think is important to highlight I cannot say we have done it at this point, but I am confident to feel that we will, at our middle school we do not have the counseling program. We do have district means to provide it. We are hoping to use technical assistance in that area to either provide the resource or the necessary training for our teachers to improve our counseling services there with our students.

One of the elementaries will be implementing a health education program which will address the substance abuse and alcohol as well as the family life series. They are also implementing a cross-age tutoring program. At our other elementary we had a primary concern—the faculty did not get along, so this has filtered into the classroom and in the community. So they have targeted and focused their action plan around improving the morale of the faculty, and once that is done then they will be moving into other planned areas.

At the high school they are looking to improve the athletic program. They are hoping to reinstitute the school newspaper. They are also polling the students, trying to find out why they are not interested in extracurricular activities and hoping to rectify that situation. Once these school climate issues are addressed—

that relates to the drug abuse and substance abuse and things of this nature that are very prevalant in our school district.

The third question is the one regarding lasting impact, which I thought was the most critical question. We are in our infancy but I think it is important that it does have a lasting impact in our community.

One of the first things that comes to mind as a school board member is the fact that it will improve our policies. Once again I raised the issue of the discipline committee and the policies that will improve upon that area which will affect attendance, the policy dealing with truancies and suspensions. It will improve the school climate which will benefit the community and will also have more of a commitment from the public schools.

One thing I forgot to mention earlier, we are also sponsoring a parent education college in May in our school district. It is working with parenting techniques. It is to educate families to drug abuse and things of this sort, and it is also teaching them how to work with the children in the home. We will be utilizing more resources hopefully now that we are putting together a list. We will be able to rely more on the mental health and social services and law enforcement agencies. Most important the lasting effect I think should come from the skills we learned at the 10-day residential training for problem solving and decisionmaking and hopefully we can go back and teach others in that area.

Your last question is dealing with the block grant issue. My personal bias is I have nothing against block grants. In fact, in California in light of proposition 13 we are desperate for money to improve our educational system. However, I think with regard to this particular program, it is important to point out that it is not a money-oriented program. It is a resource base program to address our problems. I can honestly say that our editors in our school district do not have the expertise nor do they have the training to address these particular problems.

What I see offered through the program is an important resource base. They have the data and the information available to us, and they can also provide the models to expedite our needs, our expectations of our own particular districts as far as improving school climate. But the most important thing is the technical assistance. We are very fortunate that we recognize the weakness in our system and we do not have the skills and technical assistance and they are very flexible with their time schedules and what not in order to come into our district and work with us.

So, I can sum that up by saying that if this were to become a block grant, it would definitely wipe out the resource base.

In closing, I would like to also make a comment saying that our particular region 8, and I know on the nationwide basis, that local solutions can only be found by identifying local problems as opposed to other Federal funds such as title I and what not. They come in and tell us what we have to do, and then slap our hand if we are not doing it.

What this particular program does, it identifies our problems. We work with our problems. We are provided the training and we are able to make our own solutions with these programs.

I thank you for allowing me the time to speak and if you have any questions, I will be glad to answer.

Mr. MURPHY. We will have. We will reserve those until Dr. Bourdene addresses us.

[Material submitted by Sharon Collins follows:]

Prepared Statement Submitted by Sharon Collins, Trustee, John Swett Unified School District, Crockett, Calif.

As an interested community member, parent, and trustee of the John Swett Unified School District (JSUSD), I have long been concerned with the increasing trend in the schools toward vandalism and disruptive behavior. Such behavior and our educational systems' inability to cope have contributed significantly to discipline problems, lowered test scores, truancy, student apathy, substance abuse, vandalism, and excessive teacher stress. Presently, our educational institutions are having to expend valuable resources in an attempt to combat these problems. If unchecked, I believe these problems will lead to the demise of public education as we know it.

In response to this need I had the privilege of attending a two-day conference for superintendents and school board members. This conference was conducted by the USED/ADAEP, Region 8 Training and Development Center. It was held in February 1980. The conference provided me with an overview of resources and training the Center had available. I was impressed with the fresh and viable approaches the Center had toward problem-solving and decision-making. Based on the information gathered at the conference, the JSUSD Board of Trustees unanimously approved the district submitting an application to receive a subcontract for the Center's training. Our district is small and somewhat rural by San Francisco Bay Area standards. However, the concern over student problems is demonstrated by the active involvement of our personnel.

With the district being one of the successful applicants for a subcontract, JSUSD representatives—administrators, teachers, parents, and board members—participated in Region 8's ten-day residential training from December 3–12, 1980 in Oakland, CA. The training program offered theoretical and practical instruction in communication skills, organizational skills, conflict management, action planning, developing alternatives, school-community cooperation, peer programing, and leadership skills. The training attacked problems on two levels: the seminars provided the expertise and groundwork and the small group workshops provided team building through each school working as a team on their specific action plans.

Unlike many other Federal and state programs, USED/ADAEP does not attempt to impose its values on the local community. The program is not overburdened with bureaucratic red tape and compliance checks. It simply supplies a training and national resource base for assisting communities in identifying local solutions to local problems. By team effort and group interaction, we recognize and "own" our problems and, therefore, actively participate in solving these problems.

The training and technical assistance we have received from Region 8 through the USED/ADAEP project has been a high point within our district. Each team's action plan focused on improving school climate, and one outcome already has been the improved morale of school personnel and students. Each school also developed specific goals aimed at reducing absenteeism, reducing vandalism, improving academic grades, reducing suspensions, increasing parent involvement in school programs, and etc. Teams regularly evaluate their action plans and monthly cluster meetings maintain direction from a district-wide perspective. Within a short period of time, the cluster/teams have implemented a peer education program, applied for a student career planning grant, and utilized technical assistance from Region 8 in formulating a discipline policy. In addition, Region 8 will also be providing technical assistance for a parent education college, class management training, creative financing, and other workshops.

The USED/ADAEP is cost-effective and the results are observable and tangible. The project trains a few to teach others in the techniques of problem identification and problem solving. I hope that the process started by Region 8 will be ongoing and that the Center continues to have the opportunity to train so that other school districts can derive the desired results for improving school climate.

JOHN SWETT HIGH SCHOOL,
Crockett, Calif., March 12, 1981.

Re Alcohol and Drug Abuse Education Program.

From: Pat Contestable, principal, John Swett High School.

To Whom It May Concern:

The opportunity to participate in the U.S.O.E. Region 8 program under the auspices of the "Awareness House" was a valuable learining and practical experience for the John Swett High School Team members. The opportunity to take the time to examine the John Swett High School scene in relation to drug and disruptive behaviors in an atmosphere completely conducive to thorough examination put our team in a position of truly recognizing the extent of the problems. Not only did it allow us to view the symptoms but also to study causes, provide alternative actions and procedures, and seek ways of implementing an action plan developed during the workshop. The leadership qualities of the Region 8 staff were outstanding as they developed our abilities to use the techniques involved in addressing problems and developing plans. These techniques have very broad applications and hence were extremely valuable to our teams broader knowledge. Indeed the financial commitment of our government to this cause is most worthwhile. The program is one which will have direct application and effect on the students and citizens of our school district.

At the workshop in Oakland our core team from John Swett put together a John Swett Action Plan whose goal is to improve the school and its climate. Indicators which will lead to success in this effort will include: (1) reducing the absentee rate; (2) reducing the instances of theft and vandalism; (3) reducing the number of failing grades; (4) reducing the number of suspensions; (5) increasing the number of parents who attend "Back To School Night"; (6) training students in study skills; (7) introducing career exploration opportunities at each grade level; (8) instituting an intramural program in athletics; (9) instituting a course in peer training eduction. All of the above are objectives in our written plan and require the completion of activities involving students, faculty and parents/community people. The monitoring and technical assistance from Region 8 will be invaluable, paticularly in view of the fact that our district is facing a financial crisis and will not be able to budget for the type of help they can provide.

We at John Swett are convinced that this type of program, financed through the federal government and having direct impact upon local communities, should be continued. It provides an effective means for combating very serious local problems.

JOHN SWETT UNIFIED SCHOOL DISTRICT,
Crockett, Calif., March 13, 1981.

To Whom It May Concern:

I am most pleased to comment upon Region 8 and their program in addressing disruptive school behaviors.

The model that has been developed has an excellent conceptual base, an effective planning process and is pro active.

The ten-day training program (away from school) was the "catalyst" that facilitated our group/team development. Free of our everyday pressures, issues and roles we were able to be fairly objective in assessing the needs of our school.

Our training enabled our team to develop a Management Action Plan to address the specific objectives developed by our team.

As a "veteran" with a 20 year history of being in-serviced, I found the training to be most effective and professional. Our sessions were well-planned, well-coordinated and highly stimulating. Our trainers did not "do it" for us . . . we created our own plan . . . all members felt ownership.

Region 8 has shown us that a pro active prevention approach in dealing with disruptive school behavior really works . . . programs developed at the local school level are the most effective. Region 8 was the resource that allowed our team to create our plan . . . their ongoing support and expertise is most beneficial as we implement our plan.

Sincerely,

NORMAN DAVIS,
Principal, Hillcrest School, Rodeo, Calif.

MARCH 13, 1981.

To Whom It May Concern:

This is in support of continued funding for the U.S.O.E. Region 8 Program sponsored through the Awareness House in Oakland, California.

In a time of "tight money" for social programs in general, the approach exemplified by Region 8 appears to be one of the most cost effective.

Specifically, the emphasis on prevention rather than treatment (re-active approach) in Alcohol and Drug Abuse projects should promote continuing benefits, with slight additional cost.

Further, the continuing support and expert assistance to our local effort quality facilitates modifying our plan to meet changing needs.

Our experience, thus far, has been an increasing feeling of cohesiveness between the school and community, and a feeling that the Alcohol and Drug Abuse problem is capable of solution. The assistance and training by Region 8 has been a highly effective resource in maintaining the school-community focus.

Carquinez Elementary School Team: Pete Cardinale, Principal; Pat Nordstrom, School Nurse; J. Mohrman, Master Plan/Testing; Sharon Collins, School Board Member and Parent; Kathryn Ballard, Teacher.

Respectfully,

KATHRYN J. BALLARD.

MANAGEMENT ACTION PLANNING AND EVALUATION

01/19/81
ITEM
5-A4

team JOHN SWETT cluster JOHN SWETT UNIFIED date DEC. 12, 1980

problem statement

John Swett High School is experiencing too high a rate of unacceptable behavior. Unacceptable levels of behavior are related to the areas of student self-concept (excessive number of fights, high rate of absenteeism, obvious drug related symptoms); ability to utilize coping skills (truancies, theft, vandalism, number of failing grades); parental support (low percentage of parents at "Back To School" nights, programming conferences, progress report appointments, number of parents at extra-curricular activities, few parents willing to chaperone).

In addition to the above, concern is noted with respect to Staff-Student relationships (number of classroom referrals, student representation on school committees) and a lack of student structured time (participation in extra-curricula activities, degree of student commitment to their choices, number of student generated activities, vandalism).

In the 1979-80 school year there were: 597 teacher referrals (excessive tardies, failure to bring materials to class, disrespect toward others, leaving class without permission, disobeying class rules, failure to participate, verbal abuse of teacher, creating class disturbance, safety violations), 465 miscellaneous referrals (truancy, fighting, smoking, false fire alarms, vandalism, etc.), 352 truant occasions, 192 different students truant 1241 periods, 100 different students suspended 150 times for a total of 299 days. The enrollment at John Swett in 1979-80 was 589 students.

goal statement

Our goal is to improve the school and its climate. Toward this end we would expect the school to be:

1. A comfortable place where students will want to attend and participate in curricular and extracurricular activities.
2. A better place for staff, teachers, and administrators to work.
3. A place where students will achieve academically and mature in total.
4. A place which community and parents will support.

By reducing the instances of unacceptable behavior described by the descriptors in the problem statement improvement will be evident within a four year period (a cycle of high school students).

strategies

1. Enhance life skills/social competencies (self-management, values, decision making, self-confidence and an adequa self-concept.
2. Develop alternatives that assist in understanding and coping with life situations (non-drug induced ways of feel good, positive ways of structuring time) .
3. Train impactors (students teachers parents/families) to effect the self esteem and social competencies of others. Utilize consultants when appropriate.
4. Provide factual information about behavioral change substances (from the positive as well as negative aspects), and encourage positive decision making.
5. Influence school-community policies, both formal and informal.

objective

The absentee rate at John Swett will be reduced.

criterion for success

The level will be reduced from a present level of approximately 12% to below 10% by June 1982.

objective

The number of instances of theft and vandalism at John Swett will be reduced. — not everything is recorded! ∴ reduce by 11% (probable

criterion for success

The number of instances of theft and vandalism will be specifically determined in the 1981-82 school year. By June 1983 the reported number of incidents of theft and vandalism will be reduced by 10%.

II. objective

The number of failing grades at John Swett will be reduced.

criterion for success

The failure rate will be reduced from the 1979-80 rate of 10% to 8% by June 1983.

The number of students suspended at John Swett will be reduced.

criterion for success

The number of students suspended will be reduced from 100 in 1979-80 to less than 90 by June, 1982.

7. objective

The number of parents attending "Back-To-School" night will be increased.

criterion for success

The number of parents attending "Back-To-School" night in 1982-83 will be 50% more than the number that attended the fall 1980 event. (75)— Reflects Fall, 1980

8. objective

Total participation (completing the commitment to the activity) by students in the John Swett extra-curricular program will increase.

criterion for success

The amount of total participation for the school year 1980-81 will increase by 50% by the 1981-82 school year.

objective

John Swett students will be trained in a study skills unit.

criterion for success

At least five hundred students will be trained in a study skills unit by June 1986.

objective

John Swett students will exam potential career choices at each grade level by June 1986.

criterion for success

At least five hundred students will have the opportunity to exam potential career choices at each grade level by June 1986.

objective

John Swett will have an intramural program.

criterion for success

At least 100 students will participate in an intramural program during 1981-82 school year.

John Swett will have a course credit program for training students in Peer Counseling.

criterion for success

As a result of including a course credit program for 3P, at least 45 students will be trained in Peer Counseling by June 1984.

objective

criterion for success

objective

criterion for success

activities and responsibilities objective(s) ______

	activity	who's responsible	completion date
A	Survey other schools with respect to various aspects of their athletic programs. By June 1981. Objective: VI, IV	Terry, John F[illegible]nam	June 1981
B	Compile data related to the degree of total participation by students in the 1980-81 extracurricular program by June 1981. Same for 81-82 by June 1982. Objective: VI	Terry, Jack Turner	June 1981
C	Solicit more ideas for activities from faculty and students by June 1981. Objective: I-X	Ed, Student Council, Faculty	June 1981
D	Work with other schools and the district administration in developing and offering programs for parents. Objective: V, I	Mark, Lorna Wiggins	June 1982
E	Survey the students and faculty as to interest and feasibility of creating new clubs. [illegible]	Mark, Student Council	June 1981

	activity	who's responsible	completio date
F A	Utilize the resources of "Awareness House" to provide inservice for faculty to improve skills in interrelating with students. Objective: IV, III	Pat, Awareness House	June 1982
G B	Develop curriculum materials for a study skills unit to be included in the curriculum. Objective: VII, III	Pat, Curriculum Committee	September, 1981
H C	Establish a parent advisory committee for John Swett High School by December 1981. Objective: V, VI	Pat	December, 1981
I D	Compile data related to the number of cases of theft and vandalism in 1981-82 and in 1982-83. Objective: II, IV	Ed, Jack Turner	June, 1982
J E	Develop a comprehensive four year career education program in 1981-82. Objective: VIII, I, III	Fred, Counseling Office	June, 1982

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activities and responsibilities Objective(s) ____________

activity	who's responsible	completion date
K ~~A~~ Institute an intramural program at lunch time in 1981-82. Objective: IX, III	Terry, Ed, Mary Ann Roths, Mona Loy	June, 1982
L ~~B~~ Get board approval and implement a course in Peer counseling, which will include an outreach component for the second semester of 1980-81. Objective: X, II	Fred, Mark, Rennie Cheney, Liz Shaw, 3P Members	June, 1981
M ~~C~~ Establish a committee of students, faculty, and parents to increase positive contacts between teachers and parents. Objective: V, III	Pat, Staff	June, 1981
N ~~D~~ Reestablish a school newspaper in September 1981. Objective: I, VI	Mark, David Eakin, Mike Sherron, John Epp	September, 1981
O ~~E~~ Develop a program for increasing vocational liaison with local industry for the purpose of increasing vocational training and job opportunities	Fred, Ed, Bob Kratina, BOT-ROP	June, 1984

planning sheet

activity A (OBJECTIVES IV, VI)

responsible team member TERRY

task	why	when	who	resources
1. Create a series of significant questions to ask.	Need an organized way to obtain and correlate information.	January 1981	Terry, John, Mary Ann, Coaching Staff	Time Typing
2. Identify successful programs in schools comparable to our school in size and socio-economic make-up.	To establish which Athletic Directors we want to contact.	January 1981	Terry, John, Mary Ann	
3. Interview A.D.s and significant others involved in a successful athletic program.	To collect information.	March 1981	Terry, John, Mary Ann	Release Time
4. Analyse the information gathered.	To put the information into a usable form.	April 1981	Terry	
* Evaluation - 5. Decide what to do with this information so our school can be improved.	To help the school's athletic program and begin to meet objectives IV and VI.	June 1981	Coaching Staff	

task planning sheet

activity B (OBJECTIVE VI)

responsible team member Terry

task	why	when	who	resource
Define total participation and exactly what to include for extra-curricular activities.	Clear definitions need to complete the task successfully	January 9, 1981	Terry, Jack	
Create a simple, clear form to be used by all teachers involved in extra-curricular activities.	Need an easy method to keep track of extra-curricular participation.	January 16, 1981	Terry, Jack	
Distribute the form and handle any questions.	Collect data.	January 23, 1981	Terry, Jack	
Collect forms at the conclusion of each extra-curricular activity.	Process data.	At end of each activity but by June 5, 1981, at latest.	Terry, Jack	
Tabulate results and give to Pat to establish baseline for Objective VI.	Meet the baseline requirement for Objective VI.	June 12, 1981	Terry, Jack	
Compile the same data for 1981-82.	Meet the baseline requirement for Objective VI.	June, 1982	Terry, Jack	

task planning sheet

activity C (OBJECTIVE I, X)

responsible team member ED

task	why	when	who	resource
Make up survey form for new activities.	To collect data.	March 1981	Student Council, Paula Sloboda	
Survey the faculty and student body.	Find new interests.	April 1981	Student Council	
Evaluate data.		April 1981	Student Council	

task planning sheet

activity D (OBJECTIVES V, I)

responsible team member Mark

task	why	when	who	resource
Contact Lorna Wiggins to determine what "parenting" classes now exist in district and how high school can get involved.	Determine resources.	February 1981	Mark, Lorna	Phone
Meet with Lorna and/or members from other clusters to coordinate efforts in providing "parenting" classes.	Coordinate efforts, determine need for additional resources, determine feasibility, and set up mechanics for program.	Spring 1981 - Fall 1982	Mark, Lorna, other cluster members.	Facility, money, consultants (skill, knowledge)
Publicize and then implement program.	Implement activity.	Spring 1982	From resources to be determined.	Parents, Money, consultants.
Assess "parenting program".	Determine if "parenting" program is worth continuing or how it needs to be adjusted.	June 1982	Cluster members, parents, consultants	Personnel, facility
Work with Lorna, other cluster members to look into other parenting programs.	Are there other possibilities.	September 1981	Cluster	Personnel, facility

task planning sheet

activity I (OBJECTIVES I, IV)

responsible team member Mark

task	why	when	who	resource
Make up survey form for new clubs.	See new interests.	February 1981	Student council	Time, typing
Survey the student body to see what if any new clubs could be formed.	To start new clubs.	March 1981	Student Council	Time, typing
Survey faculty to find new advisors.	So group can start.	April 1981	Student Council	
To form new clubs.	To improve school climate.	May 1981	Club Advisors	

task planning sheet

activity V (OBJECTIVES IV, III)

responsible team member PAT

task	why	when	who	resources
Discuss total action plan with faculty.	To get support.	January-February	Team	
Establish a list of ideas in which the faculty might want outside consultation and training.	To limit possibilities so the decision making will be facilitated.	February 1981	Team	
Present list to the faculty for discussion and decision.	To decide in which areas we need some assistance.	June 1981	Team, Faculty	
Organize and conduct in-service training and utilize consultation.	To complete activity V and meet Objectives III and IV	June 1982	Faculty	Release time, Awarene House
Evaluate the activity and decide if it has successfully been completed.	To determine if the activity was successful or if we need to reassess our planning.	June 1982	Faculty	

task planning sheet

activity C (OBJECTIVES VII, III)

responsible team member PAT

task	why	when	who	resource
Review the details of this activity with the Assistant Principal/Curriculum.	To decide best procedure.	January 1981	Pat Contestable, Lynne Palmer	
Discuss project with English and Social Studies Dept. Chairpersons to see where unit is best suited.	To put unit in appropriate department.	February 1981	Lynne Palmer, Margaret Kendall, Terry Oelschlaeger	
Appropriate Department Develop study skills unit and decide which course to include it in.	To develop content.	February-June 1981	Department Chairpersons, Lynne Palmer	
Order necessary materials for unit.	To be ready for September 1981.	By September 1981	Department Chairpersons, Teacher	

task planning sheet

activity H (OBJECTIVES V, VI)

responsible team member PAT

task	why	when	who	resources
Write an article in the "John Swett Happenings" discussing our action plan and the intent to establish a parent advisory committee and solicit parent volunteers who would be willing to serve.	To get information to parents and get possible committee members.	January-February 1981	Pat Contestable	
Call meeting of people willing to serve - set agenda and establish appropriate procedures.	Establish committee.	March 1981	Pat Contestable, Parent Volunteers	

task planning sheet

activity I (OBJECTIVES II, IV)

responsible team member ED

task	why	when	who	resource
1. Make up form to compile data on number of thefts each year.	Collect Data	January 1981	Ed and Jack	
2. Make up form to compile data on the number of vandalism instances each year.	Collect Data	January 1981	Ed and Jack	
3. Implementation of form on thefts for 1981 school year.	Collect Data	June 1982	Jack	
4. Implementation of form on vandalism for 1981 school year.	Collect Data	June 1982	Jack	
5. Collect data on thefts for school year 1982-83.		June 1983	Jack	
Evaluate data on thefts during 1982-83 school year.	Meet Objective II and IV	June 1983	Jack	
Collect data on vandalism for 1982-83 school year.		June 1983	Jack	
Evaluate data on vandalism for 1982-83.	Meet objective	June 1983	Jack	

task planning sheet

activity J (OBJECTIVES I, III, VIII)

responsible team member FRED

task	why	when	who	resources
To set up a meeting of the Counseling and Guidance Department of John Swett High School with the purpose of planning this activity.	The need for input from all the people presently in a position to implement this activity.	February-March 1981	Fred Swain, Lynne Palmer, Jan Taksa, Tom Cirimele, Mark Friedman	

task planning sheet

activity K (OBJECTIVES III, IX)

responsible team member TERRY

task	why	when	who	resource
Identify successful intramural programs at other schools and find out why they are successful.	Gather information	March 1981	Terry, Ed, Interested Faculty	
Survey the students as to what they want in an intramural program.	Gather information	March 1981	Student Council	
Explore ways of funding an intramural program.	Gather information	March 1981	Terry	
Meet and discuss information gathered in #1-3. Decide on how the program will be set up and who will organize it.	Process the available information into a functioning program.	Completed by May 1981	Terry, Ed, Interested Faculty and Students	
Implement the program.	Complete the activity and help to meet Objectives III and IX.	September 1981	Terry	

task planning sheet

activity 1 (OBJECTIVES II, X)

responsible team member FRED

task	why	when	who	resources
Write up a course of study for a course on Peer Counseling, obtain Board approval.	To create a positive and cooperative climate at John Swett High.	January 29, 1981 will be the starting date of the course. Some preparation has already taken place.	Fred Swain, Mark Friedman, Rennie Cheney Liz Shaw	
Assign the responsibility for teaching the course	To assign definitive training responsibility.			
Develop a method of recruiting students for training.	To obtain impactors.			
Initiate ways of applying the training to help students and faculty at John Swett High.	Application of the learnings to help John Swett High.	June 1, 1981		

task planning sheet

activity H OBJECTIVES V, III

responsible team member PAT

task	why	when	who	resource
1. Explain the reasons for a committee to the faculty and student council in a memo and at faculty meeting.	To clarify objective(s) and seek help.	January 1981	Pat Contestable	
2. Write an article in the "John Scott Happening" discussing the need for such a committee and soliciting parent volunteers.	To clarify objective and seek help.	January 1981	Pat Contestable	
3. Establish the committee through volunteers or personally asking people to serve.	To set up help needed.	February 1981	Pat Contestable	
4. Call the first meeting of the committee and set agenda.	Get started.	March 1981	Pat Contestable	
5. Committee to provide suggestions to faculty and staff.	Complete activity.	June 1981	Committee Chairperson	

task planning sheet

activity H (OBJECTIVES I, VI)

responsible team member MARK

task	why	when	who	resources
As part of activity "E" poll students as to their interest in school newspaper.	To size up potential student support.	February, 1981	Mark, Student Council	Student survey
Ask Mike Sherron, David Eakin and John Epp whether they would be interested in sponsoring a student newspaper.	Obtain a faculty sponsor.	February, 1981	Mark, Mike Sherron, David Eakin, John Epp and others interested	Personnel, energy, ti skill
By utilizing school bulletin publicize and take sign-ups of interested students.	To find out whether there are enough students interested in working on paper.	February, 1981	Mark	School bulletin, time, skill, energy
Arrange for meeting of interested faculty - students assess what resources are needed to implement paper.	Assess faculty - student commitment, discuss resource needs, discuss guidelines.	March, 1981	Faculty sponsor(s) interested students, Mark (if needed)	Commitment, money, equipment, time - deadlines, energy, skil control over informatic
Arrange for meeting with administration to establish guidelines. talk about resource possibilities, and implement strategies for obtaining resources.	Administrative support, discuss resource, needs, guidelines.	March, 1981	Administration, faculty sponsor(s), students (if needed)	Control over informatio money, equipment.
Publication of paper	Implement activity	April, 1981	Student Publication Staff-faculty advisor	Equipment, money, cont over information
Assess success of publication	Determine if it can be continued	June, 1981	Student Publication Staff-faculty advisor	Survey

task planning sheet

activity 3 (OBJECTIVE III, VIII)

responsible team member FRED

task	why	when	who	resource
1. Contact local industry with the purpose of finding out to what extent they are able and willing to coordinate job opportunities and training with the needs of John Swett High School.	To provide additional motivation to John Swett students to do well and get as much out of school as possible.	4/28/81	Fred Swain, Ed Dumin, Bob Kratina, BOT/ROP Instructor	
2. Set up a coordinating council to assist in the implementation of a program designed to coordinate local job opportunities with the curriculum training afforded by John Swett High.	To assist local industry and business in meeting their needs for qualified workers.			

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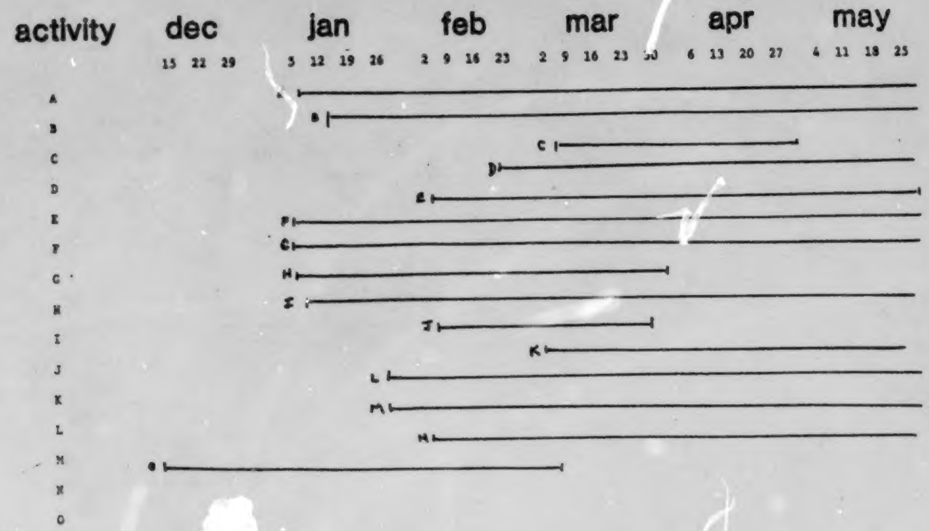
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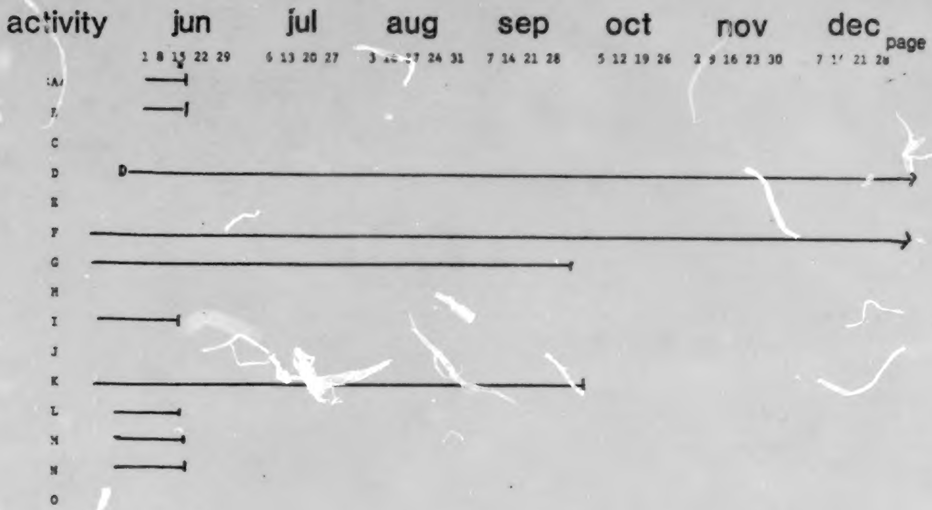
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STATEMENT OF BOB BOURDENE, DISCIPLINE ADMINISTRATION, LETOT ACADEMY, DALLAS, TEX.

Mr. BOURDENE. Thank you, Mr. Chairman.

I think one thing we should point out, the fact that you have a school administrator from one of the largest school districts in the Nation sitting on the same side of the table with a school board member is an indication of success itself.

Didn't you say you were a school board member?

Ms. COLLINS. Yes.

Mr. BOURDENE. To be on the same side of the table with one is a pleasure.

Mr. Chairman, I am here at my own expense on the first day of my spring vacation because I believe strongly in this program. It was worth my time to come up here and speak with this subcommittee. If you would look around the room at the number of people in this room, this number of people, and up to two times that number of people are sent to prison every week from Dallas County. Eighty percent of those are drug-related offenses, either committed under the influence of drugs or particularly dealing with the sales or possession of drugs. Eighty percent of those people do not have a high school education. They are therefore school dropouts. We have a parolee back in Dallas County on the average of every 90 minutes, 14 hours a day. That gives you some idea of the extent of the longitudinal type of deviation that can occur from lack of proper education in this area.

I encourage representatives of my country to expand the level of funding for the Alcohol and Drug Education Act and to strongly discourage consideration of block grant funding because such action would, in effect, be a step backward and result in a mere trickle of dollars down to the schools in a format that students refer to as a "Mickey Mouse" curriculum. We, in education, learned in the sixties that such efforts help discredit the relevance and value of education in general because the students are turned off by what they see to be academic garbage, contribute to school dropouts because of the confirmation that educators don't know what it is all about; create a void in drug and alcohol education because State and local education agencies realize that traditional academic approaches block grant procedures promote are not only unproductive but are counterproductive; and worst of all, some students will feel the need to get stoned or high just to tolerate the boredom of such curriculum.

As one who must work with teachers and students I am convinced that to reduce and/or block grant alcohol and drug education funds would not only assure a crop failure, it would be a waste of seeds.

I could recite the statistics of known alcohol and drug use and abuse by the students and adults in our society, but I suspect the members of this esteemed subcommittee are aware of the statistics. A quick trip around any city, whether Dallas or Washington, D.C., would prove equally informative. In fact, my wife and I walked around going to some of the museums here yesterday, and just between the museums we saw two winos down on the ground out and two or three others staggering about, and I think that would be typical of most cities that you would see this kind of difficulty with people.

Mr. **Murphy**. You were in a better part of the city then if that is all you saw.

Mr. **Bourdene**. I am in training statistics. I am not a statistician. Statistics do not lie, but statisticians can be confused on occasion. I would recommend practical approaches to seeing the magnitude of the problem. Just walk around or drive around the area and observe the number of school age youth out of school and on the streets. Observe the number of people, adults and youth, who are winos, dope heads, and freaks that are hanging or lying around areas of town known for flophouses and drug trafficking. Note the common drug related crimes that are sources of fast money for drug purchases—auto theft, bicycle theft, power tool thefts, shoplifting. Drive by schools and observe youngsters standing around in small circles with green smoke hovering overhead. Carefully observe the drivers and passengers smoking or passing tightly rolled or slender cigarettes on major thoroughfares. Monitor the sales of rolling papers versus sales of loose cigarette tobacco. Observe the number of people with funny looking eyes or runny noses who are either nodding off or are jumpy on public transportation vehicles. Find out the number of paint cans, shaving cream cans, et cetera that are returned to stores because they didn't have any propellent when purchased—someone sniffed the gas and put the can back on the shelf. Do a survey among your dealers, not drug dealers, your commercial dealers in the area, and see paint cans and shaving cream cans that are brought back to them because they no longer have the propellant in them. People walk by and turn the can upside down and take a hit off the gas in it and get high.

Other common inhalents include Marks-a-Lot pens, Papermate, or Liquid Paper and disinfectants.

Walk into the schools and find how young people walk around with paper cups or empty cold drink cans that have airplane glue or other inhalent substances in them—sniffing, not drinking the contents.

Brownies and other cookies, laced with marihuana, are being consumed in theaters, airplanes, concerts, picnics, et cetera.

Songs about Rocky Mountain High, Lucy in the Sky with Diamonds, LSD; Mary Jane, marihuana; and lyrics about sunshine, rainbows, can be listened to on your car radio while you tour a city and observe the drug impact. If you do not know what they mean, the youngsters do.

Watch television and count the number of drinks poured and consumed during prime time, the commercials for beer and wine, the funny cigarettes and reference to dope, pills, et cetera. I think that we have a substance-abusing society on our hands. I do not think that we can do enough in the preventive nature to get ahead of this thing.

A meager amount of funding spread across 50 State education agencies and funneled through a block education grant would be no more than tokenism for the No. 1 concern in education.

Alcohol, drug, and criminal activities are everyday experience for school youth. It is important that the youth be taught better decisionmaking, problem solving and life coping skills, not in isolation via alcohol and drug education packets that would result from block grant funding, but integrated into their daily school experiences. Peer pressure is a major factor in youth decisionmaking about lifestyles—efforts that encourage positive peer influence rather than leaving the market open for negative peer influence must be promoted. Adult understanding, awareness and involvement in promoting constructive lifestyles among young people rather than lectures, filmstrips and canned alcohol and drug education programs are required.

In Dallas, the seed money made available through the Alcohol and Drug Education Act provided the impetus for developing school intervention teams that provided school personnel practical skills, techniques, opportunities to help youth help themselves. The direct spinoff of the initial training of 1972 includes the establishment of the Office of Discipline and Student Services designed to promote positive alternatives and optional approaches for troublesome youth, a cooperative school program that is sponsored by the Dallas County Juvenile Department, Dallas Junior League, and Dallas Independent School District that provides both a day program and residential program for troubled youth, a human services magnet high school that prepares youth for people service careers and provides direct assistance to inner city elementary students, development of a citizenship curriculum utilized as a supplemental curriculum that addresses self-responsibility and teaches self-discipline.

Also included is: a peer alcohol and drug education program that utilizes about 300 high school students who in turn impact approximately 7,000 to 8,000 middle school youth a year; numerous in-school suspension and alternative classroom programs in the 200 Dallas schools; the compiling of hundreds of successful strategies for school and classroom management—spread across the State of Texas via a State clearinghouse process; and we in Dallas are most proud of a cadre of nearly 100 teachers, counselors, and support personnel who currently provide thousands of hours of staff development time that are pertinent to youth problems; hundreds of teachers impacted each year in school-sponsored training events that teachers volunteer their time or raise money to support; involvement of trainers and staff from Dallas with schools in dozens of other cities and States to initiate similar programs; and hundreds of parents and community presentations via PTA school-sponsored activities.

In short, as a consumer and manager of various programs available through CETA, LEAA, NIDA, et cetera. I can without reservation support the commonsense, grassroot, cost-effective and heuristic aspects of the Alcohol and Drug Education Act. I would not walk to a pay telephone and pay for the cost in support for many programs that are ineffective or wasteful use of my tax dollars, but I gladly came here today and thank you and God for the opportunity.

Mr. MURPHY. Thank you, Dr. Bourdene.

If I might proceed, it appears that both of your schools have a rather well-developed program. Do you believe that perhaps it might be then time for the local districts to assume that responsibility as the administration is advocating, thinking that we have developed a program for 10 years and you are all ready to take over the reins yourself. Why do you find, Ms. Collins, the need for continued Federal programs? You are off and running in your district.

Ms. COLLINS. First of all, I have to tell you as stated before we are still in the infancy with our program. We finished our training in December. It is now March. We have done a great deal because we do recognize the need. I would say that we need the federally sponsored program in order to bring the training to our personnel within our own school district.

Mr. MURPHY. Don't you have the teams now trained and you are ready to have them carry the work?

Ms. COLLINS. That would be nice, but unfortunately it does not work that way. We needed the viable fresh approaches as far as creating a proper active state and having the training to teach us those skills. But what we need now is the technical assistance to enhance and improve upon our skills. We are at the beginning of a long series of events there ahead of us.

Mr. MURPHY. I will ask then both of you to comment separately. Do you believe that your States are able and willing to conduct the program if they are given some moneys from the Federal Government and drug and alcohol is one of the categories that they may address, if they so desire. Do you believe that your States are ready, willing, and able to assist your local districts in similar programs?

Mr. BOURDENE. I would like to address that if I could comment on your previous question also. I am not here simply to be self-serving for the city of Dallas. I know there are many districts, some within a matter of 30 or 40 minutes drive from Dallas who have yet to have the opportunity to get this type of thing going on. They frequently call on us to bootleg in services as a matter of fact.

In response to the question about the State government ability, I am not sure about. I think that perhaps they recognize the need and they are willing, but I really doubt that they are able.

Ms. COLLINS. For the State of California, I really cannot speak for our legislature, but if you are familiar with proposition 13, now that wiped out a lot of our funds right there. Governor Brown this year has extensive cutbacks already proposed for the new fiscal year. I could not even predict how the block grant funds, coming into the State, would be applied educationally at all.

Mr. MURPHY. You have the same fears I might have that your legislature and State administration would use these funds to help balance their budget.

Ms. COLLINS. You said it. I didn't.

Mr. BOURDENE. I would concur with that.

Mr. MURPHY. Mr. Erdahl.

Mr. ERDAHL. A question I asked the other two people who preceded you and I think you really answered it, but maybe you could elaborate. You stressed a bit more the drugs and the paint and glue and that stuff. Would you concur with the lady that preceded you in that?

Ms. COLLINS. It really is the No. 1 problem we face in schools, or do you see it differently than that?

Mr. Bourdene. Alcohol is the No. 1 problem we face among students and adults in our schools.

Mr. Murphy. And adults in the school.

Mr. Bourdene. Yes, sir, and in our State government, and I suspect in our Federal Government, too.

Mr. Murphy. I just got into town.

Mr. Erdahl. Would you care to comment?

Ms. Collins. Yes. I see this as a serious problem. Even driving by our high school during the afternoon or during the noon lunch time it is very evident that you see the kids smoking and you actually see the kids drinking and even the statistics I heard on the TV they may not be relevant, but it really took me off guard last night on the national news when they announced that more people are killed by cars than guns and half those people are killed because of alcohol.

I see that as very serious, a very grave state that we have.

Mr. Bourdene. I believe the third major cause for adolescent death is vehicular accidents, the majority of which are under the influence of alcohol primarily. I believe the No. 1 cause is suicide and actually all heavy drug use or drinking is suicide by the installment plan.

Mr. Erdahl. Thank you for sharing that.

I had the same question that you had, Mr. Chairman, if these programs could be done on the local or State level. As far as I know, the administration has not really come up with the fine-tuned statistics of how the block grant program would be implemented. One concept would be—and I suppose it would be a compromise—if block grants are extended to the States, the States would have to spend within the various categories. What would your comment be to that? Of course, the other thing in addition to the conceptual change going from a categorical grant to a block grant, there is also a reduction in funding of about 25 percent.

So if you had a direct tradeoff in dollars we could argue about the philosophical concept of categorical grants versus block grants, but there are also indications in many of these programs, I am not sure specifically about this one, that the change would be combined with reduction in funds. Would you care to respond to the concept of, I suppose, a compromise of the block grants at the State and still keeping up I suppose a categorical concept from their total levels.

Ms. Collins. Once again you know that is a statement that I cannot guarantee that my particular State would guarantee the money and the necessary training and expertise needed in our school districts to address that issue. I think it is important to look back on the program. Sure it is over 10 years old. But as I have studied the background of how they have developed and what not and how they have been flexible and went to a preventive state and how I see them work in our school district, how I see the professionalism of the staff, I just see that whole program going under. Even if it were to go back to the State, and the ideal setup would be our State would implement a comparable program, I wonder about its effectiveness. This I see as working.

Mr. Bourdene. When I was in the Navy, we used to have the expression: it works, its obsolete. I am afraid perhaps we have that kind of mentality going on here. We have got a program that is working and working effectively and the consumers which I represent, I think probably the majority of them, are comfortable and happy with it, and it has affected the use of a relatively small amount of dollars, virtually tokenism for the major concern in education.

I do not see why we have to mess with it.

Mr. **Erdahl.** A concern we frequently hear, and I will address this to you, Dr. Bourdene, is that various Federal programs burdened persons like yourself and others with excess paperwork. Any problem in this area?

Mr. **Bourdene.** That is a truism for the majority of cases, that is what happens with it. I am glad to sit here and tell you that is not true of this program.

Mr. **Erdahl.** Thank you. Just one more question, if I might. As we think about responsibility in this area, two questions I would address to both of you if you care to comment on them. First, what are groups like the PTA, NEA, the AFT, doing in this area and the second one would be, what information on drug and alcohol abuse is already provided for in the curriculum in the health classes, special lectures, other classes?

Ms. **Collins.** Regarding the participation from AFT or CTA or any of those affiliations, I cannot really comment. I really don't know their involvement, PTA, local community groups. The one thing that will be implemented this May is the parent education workshop. That is under the auspices of the PTA elementary schools. That is a beginning change in our school district.

Would you repeat your second question, please.

Mr. **Erdahl.** What information do the young people get now about alcohol and drug abuse through the regular curricula, health classes, special courses?

Ms. **Collins.** In our particular school district it is minimal. Through the nursing program. Law enforcement agencies come in with their samples and displays and help the children recognize further that this is what you do and this is how you use it, et cetera, but not giving them the preventive information that they need to hold them responsible for their bodies or for their wellbeing.

Mr. **Erdahl.** You really think it is inadequate then?

Ms. **Collins.** Our program in our district, yes.

Mr. **Bourdene.** It is 1950's education for the 1980's for the most part—reefer madness and that type of approach, scare tactics that in many cases for young people that is exciting to think about trying something out that is antisocial because they tend to be somewhat antiauthoritarian in their developmental years anyway as they are breaking away from the family ties.

So this is another way of perhaps thumbing your nose at the adults. Anybody over 30 is weird anyway. We have got a lot of over 30 mentality in the materials that are presented to them and that is what I said in my very first statement undercuts our credibility I am afraid.

Mr. **Erdahl.** Shouldn't the schools be doing a better job in that area? It seems to me you said it was the No. 1 problem. I am not trying to defend the curtailment of funds or shift in the philosophy of distributing them, but it seems to me the school teachers, faculty, administration, PTA, parents, all of us have responsibilities to see that the schools are doing a better job just to show what these things are going to do to these kids and have done to many people in our society.

Mr. **Bourdene**. With all due respect, there is a lot of concern about the economy of our country and it is addressed to the Federal Government, and yet I am sure you are confused in that major responsibility of knowing just exactly how to execute corrective or innovative actions, and there is a lot of disagreement. We have the same thing in education. We were caught off guard with this and yes, sir, I would agree we have done a lousy job in educating in this area. I am afraid with the proposal as I understand it will be a step back to the very beginning when we get off base and did such a lousy job instead of giving us an opportunity to improve what we are doing. We have done a lousy job in education in this field.

Mr. **Erdahl**. Thank you. Thank you, Mr. Chairman.

Mr. **Murphy**. You had a final comment?

Ms. **Collins**. I would like to address that question if you don't mind. I think it is important. Your statement you just said describes the program most effectively. I think it is very good that this program comes out of the Office of Education, that way we are dealing with the educational issues. When it comes out of the criminal justice system, the defendant or law enforcement, all you are doing is getting individuals, telling them they are doing wrong. If it comes out of the social services, by the time they get the case, it is too late. Damage has already set in. That is the biggest selling point this program has now. It does come out of the Office of Education, and we can work with the individuals in the classroom.

So your statement just made me feel good because what you are saying is this is what the training is all about.

Mr. **Murphy**. Thank you. Thank you very much, Doctor.

Have a nice spring vacation here in town.

The next panel is Bernard McColgan, Dr. Dennis Tolsma and Dr. Patricia O'Gorman. They are from the National Institute on Drug Abuse, the Center for Health Promotion in Education, Center for Disease Control, and National Institute on Alcohol and Alcoholism.

Mr. McColgan, we will ask you then to proceed.

STATEMENT OF BERNARD McCOLGAN, DIRECTOR, PREVENTION BRANCH, DIVISION OF PREVENTION AND TREATMENT DEVELOPMENT, NATIONAL INSTITUTE ON DRUG ABUSE; DR. DENNIS TOLSMA, ASSISTANT DIRECTOR FOR PROGRAM OPERATIONS, CENTER FOR HEALTH PROMOTION IN EDUCATION, CENTER FOR DISEASE CONTROL; AND DR. PATRICIA O'GORMAN, DIRECTOR, DIVISION OF PREVENTION, NATIONAL INSTITUTE ON ALCOHOL AND ALCOHOLISM

STATEMENT OF BERNARD McCOLGAN, DIRECTOR, PREVENTION BRANCH, DIVISION OF PREVENTION AND TREATMENT DEVELOPMENT, NATIONAL INSTITUTE ON DRUG ABUSE

Mr. **McColgan**. Thank you. I appreciate the opportunity to be here. I am going to give a brief overview of my testimony.

NIDA's drug prevention program, we feel, is consistent with the Department of Health and Human Services concept of healthy people. As expressed in the recent Surgeon General's report on health promotion and disease prevention, the concept of prevention is an idea whose time has come. Leadership is needed to alert individuals that good health is greatly influenced by personal decisions and healthy life styles.

NIDA's drug prevention program emphasizes this concept by providing programs that not only promote good health, but also encourage individual productivity. It is the view of the Institute that healthy people should also become more productive in community and workplace as a result of effective prevention programs.

The long-term goal of the Institute's drug prevention programs is to enable youth, families, minority populations, and the elderly to be healthy and productive members of our society through the reduction and prevention of drug behavior not within the parameters of medical therapy.

Toward this end, school-and community-based prevention programs, in an attempt to restore self-confidence, build life skills, foster independence from debilitating effects of drug-taking behavior and betterment of home, school, workplace and community. Each of these four target environments are the focus of NIDA's two prevention strategies.

One is knowledge development through evaluation research and community resource mobilization and coordination through technical assistance and information dissemination. NIDA's prevention grant program validates specific drug abuse prevention strategies through the application of rigorous evaluation procedures including experimental, quasi-experimental, ethnographic studies, qualitative studies, and so forth. The primary purpose is to determine which strategies work best for specific target groups. New knowledge that is developed by this program, as well as generated by the prevention field, is then shared with State and local prevention professionals, families, community organizations, and educators. To put this new knowledge to work, NIDA promotes the coordination and utilization of a variety of school-and community-based resources from both the public and private sector who plan and implement local prevention programs.

NIDA's community resource mobilization strategy involves the establishment and training of State prevention coordinators. We now have eight prevention coordinators in all States and territories with one exception. The prevention educators and formations of professional alliances with cooperations in the private sector for such as Prudential Insurance Co. and Drug Fair and a variety of others. In fact, we have now over 50 local companies involved in a project we call channel one. These companies have an inherent interest in a healthy community and a productive and safe workplace.

As was previously mentioned, and I just want to say in conclusion, we are pleased to report on some changing trends in drug abuse problems which suggests that the combined efforts of local communities assisted by the Federal Government and others are beginning to have measurable effects. The recently completed high school survey which was referred to earlier found specifically that the percentage of seniors who used marihuana daily dropped from 10.3 percent in 1979 to 9.1 percent in 1980. This encouraging report reflects changes in student attitudes about regular drug use. The proportion of seniors attributing great risks to regular marihuana use has risen substantially in the last 2 years, from 35 to 50 percent. And the proportion who think their close friends would disapprove such behavior rose for the first time this year from 66 to 72 percent.

Although the levels of abuse of drugs are still, as we have testified, unacceptably high, we see some evidence of the beginning of a slowdown in these few examples. This is not cause for relaxation of our efforts in drug abuse prevention, but is encouraging to note these trends is some indication that our efforts may be having a positive effect.

Mr. Chairman and members of the subcommittee, I will be pleased to answer any questions.

[The prepared testimony of Bernard McColgan follows:]

PREPARED TESTIMONY OF BERNARD R. MCCOLGAN, CHIEF, PREVENTION BRANCH, DIVISION OF PREVENTION AND TREATMENT DEVELOPMENT, NATIONAL INSTITUTE ON DRUG ABUSE, ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman and members of the Subcommittee, I thank you for the opportunity to appear today to discuss drug abuse prevention.

The National Institute on Drug Abuse (NIDA) provides national leadership in the area of drug abuse prevention, as authorized by Public Law 92-255 as amended, the Drug Abuse Prevention, Treatment and Rehabilitation Act.

Over the years, NIDA has worked cooperatively with the Drug and Alcohol Education Program, formerly of the Office of Education, now the Department of Education, and we believe that our respective programs have been complementary in nature. The Drug and Alcohol Education Program has provided a national leadership role in training for drug abuse prevention, especially for educational personnel. NIDA's involvement in prevention training is different in that our efforts do not concentrate primarily on school settings but are targeted on the community as a whole. The primary roles of NIDA in prevention are knowledge development, knowledge dissemination, prevention services, and the mobilization and coordination of community resources.

An example of the close working relationship between the two Federal drug abuse prevention agencies is the Drug and Alcohol Education Program joint regional meeting being held today in Long Island, New York. The meeting is for educational personnel involved in prevention activities in the northeast and will also be attended by State Prevention Coordinators funded by NIDA, with the stated goal of maximizing efforts in prevention education.

Given the national scope of drug use and drug abuse, prevention program efforts have increased in importance as part of NIDA's mission. Our prevention program can be described in terms of four roles mentioned earlier:

1. Knowledge development

This includes research and evaluation on prevention programs and the identification and replication of effective prevention models. The development and implementation of evaluation methods for prevention efforts has been a major priority in this area, and a National Prevention Evaluation Research Network has been established to promote and enhance evaluation efforts in the prevention field.

2. Knowledge dissemination

NIDA disseminates approximately 3.5 million soft cover materials annually. Recent publications the Institute has developed have included Community and Legal Responses to Drug Paraphernalia, Developing an Occupational Drug Abuse Program, and several instruction prevention booklets including It Starts With People, Parents, Peers and Pot, and For Parents Only. Two recent publications, Saying "No" and Teaching Tools for Primary Prevention, provide specific examples and advice on prevention in school settings. In addition, the Elder-Ed program, which encourages an informed approach to the use of prescription drugs by senior citizens, includes two booklets: Using your Medicines Wisely: A Guide for the Elderly discusses sensible precautions about taking medicines and the Passport to Good Health Care, an eight page, passport size booklet which has space to write down medical emergency information as well as complete descriptions of all the medicine the senior citizen takes.

Innovative approaches to prevention strategy development and information dissemination are also being developed. For example, this past year NIDA began distributing publications within cooperating supermarkets and retail outlets by means of bulletin boards displaying notices to shoppers. Brochures on specific drugs, as well as general drug abuse prevention booklets, are being made available through this mechanism.

Complementing these activities, NIDA's National Clearinghouse for Drug Abuse Information is initiating a national drug abuse information program this year. This program includes: designing of a long term public information program in drug abuse prevention and assisting 10 speciality organizations, such as youth, minority, women's and volunteer groups, to reach their constituencies with drug abuse information and prevention ideas.

In addition, the Institute is co-sponsoring the Scott Newman Drug Abuse Prevention Award to honor outstanding network television programs focusing on drug abuse issues. The awards are designed to encourage creative and informative television programming about drug abuse. The first awards will be given in September 1981.

NIDA disseminates prevention strategies, shares resources, and provides technical assistance to States and local communities through two major national contracts: the Pyramid Project and the Center for Multicultural Awareness. The Pyramid Project has over the past 3 years responded to more than 6,000 requests for information and assistance from States, communities, and local drug programs. In addition, the Center for Multicultural Awareness focuses on program development and service delivery to communities having significant populations of minority groups—Blacks, Hispanics, Asian-Pacific Americans,and American Indians.

3. Prevention Services

NIDA provides limited support to the single State agencies for drug abuse prevention to provide prevention services within each State. NIDA's role with regard to these projects is primarily supportive: to provide information and technical assistance, to enhance public awareness and support, and to provide national leadership in the field in the development and promotion of effective prevention practices.

4. Community Resource Mobilization and Coordination

NIDA recognizes that drug abuse can only be effective if each local community becomes seriously involved in the effort. NIDA therefore developed a number of programs to mobilize and coordinate local community efforts throughout the country. Every State and Territory now receives a NIDA grant to support local prevention programs and underwrite the salary of a Prevention Coordinator. The Coordinators provide technical assistance and disseminate prevention materials and techniques to local communities.

NIDA also supports activities for parent and family groups working to prevent drug abuse by their children. These activities encourage family-centered approaches to drug abuse prevention. Over the last 2 years an estimated 600 parent organizations have developed across the country. The formation of these organizations and their work are among the most promising private initiatives in the drug abuse field during recent years.

In addition, NIDA has developed the Channel One Program which is a joint public/private sector approach for prevention services at the community level. The Prudential Insurance Company has given significant voluntary time and resources in the devlopment of the national plan with NIDA. Over 50 local companies are participating in the program at present. Local business leaders and prevention workers, with assistance from the State drug abuse prevention agency, work with young people to plan and implement constructive community projects. Over 130 such projects are now operating.

Mr. Chairman and members of the Subcommittee, I would be please to answer any questions you might have at this time.

Mr. MURPHY. Dr. O'Gorman.

STATEMENT OF DR. PATRICIA O'GORMAN, DIRECTOR, DIVISION OF PREVENTION, NATIONAL INSTITUTE ON ALCOHOL AND ALCOHOLISM

Dr. O'GORMAN. I am Dr. Patricia O'Gorman, Director of the Division of Prevention at the National Institute of Alcohol Abuse and Alcoholism. Mr. Chairman and members of the subcommittee, I am pleased to be here today to describe for you the prevention efforts carried out by the National Institute of Alcohol Abuse and Alcoholism. These efforts, while complementary in many ways to those activities carried out by the Department of Education under the Alcohol and Drug Abuse Education Act, have a distinct, alcohol-specific health focus as we have been discussing.

Childhood and adolescence are among the healthiest periods of life. Yet an increasing number of our youth are dying during adolescence as a result of the acute effects of their own or someone else's alcohol use. Problems associated with alcohol use constitute major health issues.

For example: Most problems indirectly attributable to alcohol, suicides, homicides, car crashes, have the highest rates among young adult males aged 18 to 24.

Alcohol is the most widely used drug among youth; 87 percent of 10th to 12th graders report ever having used alcohol; 32 percent of 10th to 12th graders are categorized as moderate to heavy drinkers, 15 percent in the heavy drinker category. Moderate/heavier drinkers are defined as those individuals who drink medium amounts per drinking occasion at least once a week, or who drink large amounts per drinking occasion three to four times a month. Heavier drinkers are defined as individuals who drink large amounts per drinking occasion at least once a week.

Approximately 6 percent of high school seniors report daily use of alcohol.

Weekend binge drinking, which is five or more drinks at one time, is more acceptable to high school seniors than is moderate daily drinking.

The proportion of binge drinkers, defined as individuals who have had five or more drinks per occasion during the preceding 2 weeks, among high school seniors increased from 37 percent in 1975 to 41 percent in 1979–80.

The Division of Prevention has been developing an alcohol-specific health focus by funding demonstration projects with a major evaluation component through its alcohol prevention demonstration grant program. Through this program, we systematically evaluate the effectiveness of different approaches to the prevention of alcohol problems. Generally, under this program we fund projects in the areas of: Special populations, for example, children of alcoholics, youth in the juvenile justice system; community alcohol education strategies, studies evaluating strategies to reduce alcohol-related accidents; alcohol education and teacher training.

I would like to describe briefly some of these programs.

The objective of these programs is to demonstrate the effectiveness of a wide range of model programs and then disseminate the results to States and local communities.

As part of this effort, three model programs were selected and tested for suitability and effectiveness in eight different States across the country.

These models are:

Prevention of alcohol problems in predelinquent youth, Denver, Colo. This program is evaluating the effectiveness of an established volunteer program as well as the effectiveness of efforts aimed at preventing alcohol problems among preadolescents and teenagers.

Adult volunteers are recruited, trained, and matched with young people referred by police or schools who are felt to be at risk of developing alcohol problems. Program staff are trained intensively concerning adolescent alcohol problems.

California Indian youth alcohol education project, San Francisco, Calif. NIAAA is currently funding an alcohol problem prevention, evaluation, and development project for the prevention of alcohol-related problems among American Indian youth. This project is evaluating the effectiveness of cultural and recreational alternatives as well as developing culturally relevant alcoholism prevention educational materials for American Indian youth in two diverse Indian communities.

Westchester County student assistance program, Westchester, N.Y. This program is an adaptation of the adult employee assistance, in which intervention in alcohol-related problems occurs on the job, to high school students, whose primary job is their education. The target population is both adolescent children of alcoholic parents and youth with nonsevere alcohol and drug-related problems.

Minimizing alcohol problems by a focus on youth, Pittsburgh, Pa. This project aims to minimize alcohol problems in youth in three adolescent populations: Poor achievers, dropouts, and young people who desire individual instruction about alcohol and its effects. Some intervention techniques include individual and peer instruction, peer modeling, and tutoring.

Fetal alcohol syndrome prevention program, Ingelwood, Calif. This program attempts to reduce the occurrence of the fetal alcohol syndrome by a community education strategy. The target audience is 1.5 million women of childbearing age. This includes 300,000 females aged 10 to 14. The audience also includes health care providers.

Assessing the impact of legislation raising the Massachusetts drinking age, Boston, Mass.

Raising the legal drinking age in Michigan and Maine, Ann Arbor, Mich. These programs are studying the impact of the law raising the drinking age in Massachusetts, Michigan, and Maine. The findings can be used to help States and communities assess the relationship between the leading cause of death of young people—drinking and driving—and the legal structure.

One way we have disseminated findings from our demonstration grant program is through the prevention model replication program. The objective of this program was to demonstrate the effectiveness of a wide range of model programs and then disseminate the results to States and local communities. As part of this effort, three model demonstration programs for youth were selected and tested for suitability and effectiveness in eight different sites across the country. These models were chosen as exemplary because of their program design, their attention to evaluation issues, their ability to document significant program events, and their potential for generalizations:

CASPAR alcohol education program of Somerville, Mass. This model is a school/community project offering a field-tested curriculum for grades 3 to 12, teacher training, peer education, and community education.

Here's looking at you, King County, Wash. This model is a school based program offering a field-tested school curriculum for grades kindergarten to 12th, a teachers manual and aides for each grade level, a training guide for implementing teacher training, and a design for using trained teachers to educate others.

University of Massachusetts alcohol education program, Amherst, Mass. This model is a campuswide program which includes peer leader education, workshops, academic courses, inservice training, and outreach efforts.

We provided seed money to various State alcoholism authorities to implement these replication programs at selected sites within their respective States. We also provided training and followup technical assistance to the sites.

We have also undertaken efforts to interest colleges and universities in prevention programs. Toward this end, we have developed a manual and training programs. The result is a proliferation of alcohol education programs on many campuses.

We also offer technical assistance to national voluntary groups. The American Red Cross, for example, has developed a peer counseling program with only technical assistance from the Institute. They did not receive Federal funds for this effort.

And currently, we are producing TV, radio, and printed materials on alcohol problems among youth. These will be disseminated by State alcoholism authorities and a variety of voluntary groups and organizations.

While I have been asked to address NIAAA prevention activities which complement those of the Department of Education, I would like to close by mentioning several of our joint efforts.

In conjunction with the Office of Education, we have completed two series of films and supplementary print materials for junior and senior high schools. These films, "Jackson Junior High" and "Dial Alcohol," have been seen by over two million students.

NIAAA has assisted the Department of Education in the development of technical assistance for the alcohol and drug abuse training and resource centers. The Institute has also provided consultations to these centers.

And finally, NIAAA, through its National Clearinghouse for Alcohol Information, has developed and disseminated a list of alcohol curricula for use by teachers and school systems interested in developing, updating or ordering new curricula or in designing their guidelines.

In summary, some of NIAAA's prevention efforts are similar to those of the Department of Education. Our efforts differ, in that they focus on evaluating various prevention strategies and have an alcohol-specific health focus.

I will be happy to respond to questions you may have.

Mr. MURPHY. We will proceed with Dr. Tolsma.

STATEMENT OF DR. DENNIS TOLSMA, ASSISTANT DIRECTOR FOR PROGRAM OPERATIONS, CENTER FOR HEALTH PROMOTION IN EDUCATION, CENTERS FOR DISEASE CONTROL

Dr. TOLSMA. Mr. Chairman, I am the assistant director for Program Operations of the Center for Health Promotion and Education, Center for Disease Control. The ultimate goal of health promotion and education is to reduce preventable illness, disability, and premature death associated with personal choice behaviors.

Thus, one of our concerns is deterrence of abuse of alcoholic beverages among children and adolescents. It has been well documented that alcohol abuse yields costly human and economic consequences, and the programs we administer are aimed at lessening that cost by using health education as an instrument in prevention of alcohol abuse.

In cooperation with other responsible agencies, such as the Alcohol, Drug Abuse and Mental Health Administration and the Department of Education, we are developing, testing and promoting community and school-based alcohol abuse education programs that have been shown to be effective in changing attitudes and behavior toward the abuse of alcoholic beverages.

The Center has been involved for several years in promoting effective school health education. These educational models, known as the school health curriculum projects, have been developed and tested through local government action in many locations and in diverse situations. School health curriculum projects are now active in more than 500 school districts around the country. They are the only two school health curricula to receive Department of Education validation based on the evidence that they do affect knowledge and behavior. Both include careful attention to alcohol abuse at the various grade levels within the general context of developing responsible broad based personal, familial and community health attitudes and behaviors.

In 1980, under Public Law 95-626, Congress appropriated $10 million specifically designated for grant programs to deter smoking and the use of alcoholic beverages among children and adolescents. Because CDC was already successfully administering a health education-risk reduction program aimed at reducing risks for today's major killers, we were given the responsibility for managing disbursement of the additional funds.

Approximately 144 State and local intervention projects concentrating on smoking and alcohol abuse have been started around the Nation during the past year, many in school systems. A number of these local projects replicate the alcohol abuse education models developed in the school health curriculum project, and several other health education approaches are also being tested and evaluated. The school-based approaches range from preventive education programs with predrinking ages to intervention programs with high-risk teenage populations who have been identified as problem drinkers. There is also considerable emphasis on the use of the school as a focal point for community action regarding collective alcohol abuse problems.

We believe that the impact of this program will be significant in the targeted sites. In most of the local projects, objectives have been set for achieving specific improvements in attitudes toward alcohol abuse among young people. For those not yet at a choice point for drinking alcoholic beverages, many projects anticipate a 50-percent gain in knowledge and understanding of the adverse health effects of alcohol abuse.

The projects aimed at teenage populations already exposed to alcoholic beverages expect to achieve gains in knowledge and understanding as well as a reduction in alcohol consumption and behaviors related to alcohol abuse such as automobile accidents, DUI arrests, and vandalism.

More than a half-million students in these programs throughout the States and territories will have exposure to alcohol abuse education by competent trained educators. Thirty-four percent of the funds for these programs were allocated for projects oriented toward predominantely minority populations, where alcohol abuse has been identified as a major risk factor.

We are confident that the services provided under this program along with the strong emphasis on longer range evaluation, benefits school health education by improving the technology for alcohol abuse education as well as providing a mechanism for reduction of alcohol abuse behavior for those students currently exposed to this risk.

Thank you.

Mr. **Murphy**. Thank you very much.

I would like each of you to briefly address how you believe your present program will be affected in the proposed administration's block grant approach. It is my understanding that you will be included into the health services block grant approach, and would each of you address how you think the States are prepared to meet the challenge and what would be the remaining or physical outfunctions of your particular offices.

Mr. **McColgan**. In the first part of your question I think the States through the State prevention coordinator if given the resources are qualified to carry out a good deal of what the Institute is doing in service delivery programs.

I think it is too early for us to speculate, because both our reauthorization legislation and there is one Senate version at the moment and one House version at the moment. One has a set-aside I believe from the Institute putting money into prevention and I think the other specifies that the block grant will set aside dollars for prevention. It is a little bit speculative at this point.

Dr. **O'Gorman**. There has been as we hope to have indicated quite a bit of concern on the State level and community and parent groups about the issue we discussed and it remains really to be seen how they would be implemented on the State level. At this point we are not sure.

Dr. **Tolsma**. The primary focus of our program in its originally implemented, health education reduction program was to create a focus to State health department for risk reduction programs, and the intervention projects that I mentioned come to us as part of the States application for health education risk reduction grant. I think it is not possible at this time to know how much of the State's grant money prevention block grant money would be included in for the State's program or for the intervention project, but they would have the ability under this mechanism to continue to fund the local intervention projects.

Mr. **Murphy**. You seem to be in pretty much the same business as the alcohol and drug abuse education program. Do you think we might be better off to consolidate all of those prevention programs under a single heading?

Dr. O'Gorman. We approach it from many different ways even though we are approaching the same efforts and in the area of prevention which is a fairly new area, our feeling has been that it needs to benefit from a variety of different approaches until we can begin to reduce the incidence and prevalence of some of these issues.

Mr. Murphy. It is all geared right at the school student.

Dr. O'Gorman. In part. INAAA's efforts are community based in part and also looking at adults as well. They are not all just school based efforts. That is part of it. We also, for example, are looking to evaluate what happens under the raising of the legal age of purchase of alcohol, how that affects the prevalence of alcohol-related accidents. Many of our efforts go beyond the school setting. It is not just in the school setting that we have worked at this point.

Mr. McColgan. I would reiterate what Dr. Nowlis and Mr. Hays said this morning that it is a multifaceted approach that is called for. It is not just the schools. It is the parent groups, community groups, the law enforcement, the churches, religious organizations, all have a critical role to play.

Dr. Tolsma. Our situation I think is a little different in that the health education risk reduction grant program aims at a number of what we call personal choice behaviors for which there are educational approaches and is carried out through primarily health departments, such things as smoking and alcohol, but in addition hypertension programs, obesity, lack of physical fitness are all programs which the basic risk reduction grant addresses.

The local intervention projects, about 103 of the 144 projects are school based. The remainder are community based, and they are both by law addressing both smoking and alcohol since the choices children and adolescents make in these areas are often related to the same kind of decisions that they have to make about their health.

Mr. Murphy. Mr. Erdahl.

Mr. Erdahl. Thank you, Mr. Chairman. Thanks also to the panel.

As I listen to this panel and others, I have often thought how Government and society are really very inconsistent. We spend millions for tobacco subsidies and spend millions of dollars telling people those cigarettes are going to kill you. We talk about millions of dollars at various levels dealing with alcohol and the things that happen—crime and car accidents—yet alcohol is legalized and we collect a lot of taxes from it.

If you have been around this building between 5 and 8 o'clock at night the various receptions, there is more booze dispensed here than in a lot of fancy saloons around the country, so there is an inconsistency. Maybe we should be looking at a user tax. Maybe some of States do have a user tax on booze and transfer part of this to these education programs so at least to try to pay part of its own way.

If you care to comment on that, that is fine.

Another question: Is there coordinated effort between these programs. It is almost like an alphabet soup here. We have got the alcohol and drug abuse education program under the U.S. Department of Education; NIDA, NIAAA, LEAA, DEA under the Department of Justice, and just how well are these programs coordinated? Is the coordination rather informal, or is there a structured mechanism trying to improve efficiency of service delivery by better coordination? Do you care to comment on those points?

Dr. **Tolsma**. One of the reasons that we gave these health education risk reduction grants to State health authorities, the official State health agency, is that first of all they have a statutory responsibility for public health and second of all are in an ideal position to coordinate various public health education messages that are delivered.

When you are dealing with students, for example, with young people, children, there are many different avenues through which health education messages come to them. An important one is the schools, but when they receive clinic services, for example, from various health department supported programs or through community agencies and are voluntary organizations, Cancer Society, Lung Association, and so on, local chapters are very, very active in that sort of thing, we thought that grants to the health department for this purpose was going to improve coordination, and we in fact have reports from them in terms of what coordination they do, working with the schools, with the local agencies, with other related States organization, and totally unrelated projects to the discussion today is in the State of Maine where the State of Maine is experiencing a tremendous boom in the use of wood heating for homes, and while this is important in a way of conserving energy and fossil fuels, it introduces certain kinds of risks, people who perhaps were unfamiliar with that form of heating, and so they have a program that coordinates a wide variety, they work with the county extension services. They work with the fire marshal. They work with local fire departments and so on and with schools.

So in terms of these particular projects, it is the specific point about the receipt of the grant, they carry out a coordinative effort at the local level involving the various participants in this kind of activity.

Dr. **O'Gorman**. We are required to coordinate our alcohol education effort with the Department of Education, which we do. Sometimes that cooperation has been through formal transfer of funds in order to have joint efforts and sometimes it is informal working groups, for example, which we have one now, where we are attempting to look at the whole range of disciplinary issues that confront schools in this area.

Therefore, we have several different ways that we do work together in order to get other efforts and make sure we are not duplicating efforts but complement each other as we proceed.

Mr. **McColgan**. I think the Institute programs especially in cooperation with NIAAA are exemplary. As I indicated in my testimony today in New York, the Department's regional center is hosting a meeting in which the State prevention coordinators, the single State agencies are joining with the education people and some people from the alcohol interest in a joint effort.

Another particularly successful program that we have worked on with the Departments is on the replication through the national defusion network. We are replicating the ombudsman program. There are a variety of individual examples.

Mr. **MURPHY**. We thank you very much for being with us today. Our next panel is Greg Sinner, headmaster, Stowe School, Stowe, Vt., Richard Stephenson, principal, and Dorothy Dawson, assistant principal, Dunbar Vocational High School, Chicago, Ill.; and Chuck Rector, social worker, St. Paul, Minn.

Mr. Sinner, you may proceed.

STATEMENT OF GREG SINNER, HEADMASTER, STOWE SCHOOL, STOWE, VT.; RICHARD E. STEPHENSON, PRINCIPAL, AND DOROTHY DAWSON, ASSISTANT PRINCIPAL, DUNBAR VOCATIONAL HIGH SCHOOL, CHICAGO, ILL.; AND CHUCK RECTOR, SOCIAL WORKER, ST. PAUL, MINN.

STATEMENT OF GREG SINNER, HEADMASTER, STOWE SCHOOL, STOWE, VT.

Mr. **SINNER**. Thank you. I would like to thank Miss Kinsey for making this transition from Vermont to Washington as easy as possible.

In the next couple of minutes I am going to try to persuade you that the Department of Education Alcohol and Drug Addiction Education Project-School Team Approach should continue to be funded by the taxpayers. Like many of you, as well as other citizens of this great Republic, I am concerned that my tax dollars be used well and in a cost effective manner. Yet, I also know that childrearing is the first industry of every species and the extent to which we fail in this endeavor our species, our culture, our Nation, and our culture drift toward extinction.

I believe this particular program is cost effective and is one of the few of which I am aware which effectively trains adults who make childrearing their profession or their avocation and who are willing to commit themselves to working with kids who drink too much alcohol or smoke too much pot or use other recreational drugs to excess. This program and these adults are in the front lines doing battle with the anger, apathy, and alienation which is manifest in most of the young people who are actually or potentially drug and alcohol abusers.

The training program is singularly effective in helping these adults learn or relearn three important basic things: Hope is better than handwringing and despair; that each of us is powerful—there are no scapegoats; there is no one else to blame and that one must listen—really listen to young people if one is to be effective with them.

It does these things through intensive mindblowing, jarring and provocative techniques which are followed by hands-on, real-environment sessions. The training is followed by technical assistance for those of us in the field which helps keep those who were trained involved, committed, and supported as they attempt to help young people learn that there is indeed more to life than sex, drugs, and rock 'n' roll. But what about specific outcomes of this program?

As a direct result of the training which I and other members of our team received, the following programs and options for young people are alive and well and living in Vermont schools.

At Champlain Valley Union High School with 1,100 students: Life, a self-contained alternative program for 30 students which has graduated over 100 students all of whom have jobs and none of whom are in jail; the Duo program, a released time program in which 300 or more students each year spend 1 day per week as interns or apprentices in various work or volunteer settings in the community; peer counseling, which is a training program for young people themselves to be helping, supportive listeners for one another in terms of stress, pain, and suffering; and, an overall dropout rate for the school of less than 3 percent of the senior class.

At the Stowe School with 80 boarding students, and approximately 20 staff, we have a governance system in which the students share with the staff institutional policy and decisionmaking responsibility through council, academic review commission, social review commission and outdoor program evaluation committee, student evaluation of both program and staff on an annual basis; an advising system which is organized into staff-led, student peer groups with responsibility for school community duties; program planning, career and college counseling, communication with parents, problem solving and personal confrontation and support.

These are some of the specific outcomes which derive at least in part from the training program we are discussing today.

But for me perhaps the greatest value was that the program helped me to relearn that our children are not our adversaries, they are not impossible, and they are not worthless, incomprehensible manics. They are our future, they are our hope, they are in the final analysis—us.

I am struck by our present administration's interest in improving our national security. I think that the other side of that is that if it is a national security that we hope to enhance, that we really need to have young people who are committed to becoming productive useful citizens in order to have something to protect.

I ask for your support for what I believe is a really excellent program that helps young people become useful and productive citizens of this country.

Thank you.

Mr. MURPHY. Thank you.

We will hear from all of the panelists and then get to the questions.

Dr. Stephenson and Ms. Dawson.

STATEMENT OF RICHARD E. STEPHENSON, PRINCIPAL, DUNBAR VOCATIONAL HIGH SCHOOL, CHICAGO, ILL.

Mr. STEPHENSON. I am Dr. Richard Stephenson.

Dunbar is a 99-percent black high school with about 500 students. I suspect that it can be duplicated in many spots throughout this country. It is unique in some respects in that all the students are successful in it or they cannot get into the school. We wind up selecting about 1 out of every 6 who want to come.

As I listened to the committee testimony I was struck by a couple of questions I think I can answer. One is what does this kind of program mean at the local school level? Well, let me give you an example of something that happened during this football season.

Picture if you will 10,000 students at night in a stadium, and a closely contested football game between two blood enemies and the lights go out. Those lights were out for over an hour, yet there were so few incidents that you could not say anything about them. As a matter of fact, I am very happy to say those incidents were on the other side of the field. But that was the kind of thing that region 5's training has made for our school. Our students were secure in the knowledge that what we did on our side of the field had to be the right sort of thing and they did the right sort of thing.

The sort of dilemmas that a high school principal finds himself in, for instance, what happens when the state says at 18 years of age, you can buy beer and wine and the principal says you cannot drink it? What do I say to kids in this litigious society when they say the state says I can buy it. The state says I can drink it, and I say you had better not show up at the game with it or I am going to suspend you.

We are in trouble there. Our national attitude towards drugs and liquor is such that it is simply accepted. We assume that everyone will drink to some degree. I suspect that because of our national attitude and because of the amounts of money spent by the liquor industries, and because of the economy, also, that beer, wine, hard liquor and drugs are here to stay. And what we must grapple with is having young people understand that there are certain drugs that you will have to deal with and you will have to deal with them because they are legislated as something you can have, you can impede, but that you have to deal with them with moderation and that is the problem that we have.

You cannot frighten young people any more with horror stories about what is going to happen if you use drugs or if you use alcohol. You cannot order them not to do it. They do not care if you are their mother or their father or their minister or their Congressman. They are not going to do it.

I suspect that if you grew up as I did, if a teacher said jump, you jumped, and you asked, can I come down. It is not that way any more.

You may do the jumping. At any rate, what has region 5 of the U.S. Department of Education done for us? It has bridged a real communications gap. It has made our young people aware that they have responsibilities. They will meet these responsibilities. Picture if you can a night dance at which there are 1,200 students and only 4 adults and no problems. The students assume responsibilities. They see to it that there is no drinking, that there are no weapons, that there are no drugs and this is the kind of thing we have to have. You cannot order them not to do it. They have to know that this is our responsibility. That it does not happen if we do not attack in the right way. Why do we have to have outsiders do it? Because a prophet is without honor in his own country. You have to have a new voice. You have to have somebody who has not been here before to talk to teachers, to let them know these are young people. They do have rights. And you have to also say to the students these teachers have rights also and they are also human beings in addition to being teachers. And it is only when that kind of communications gap is bridged that you have any success. I would plead that this program be reauthorized, indeed that it be expanded, because as someone who preceded me said, those young people are us. And in the years to come, they are going to assume every one of our roles.

Thank you.

Mr. Murphy. Thank you very much.

[The prepared statement of Richard Stephenson follows:]

Prepared Statement of Richard E. Stephenson, Principal, Dunbar Vocational High School, Chicago, Ill.

I am Dr. Richard E. Stephenson, Principal of Dunbar Vocational High School in Chicago, Illinois.

It is a pleasure to testify before the House Subcommittee on Select Education during its oversight and reauthorization hearings of the Alcohol and Drug Abuse Education Act.

Dunbar Vocational High School is known nationally and internationally as a "ghetto school" of whose graduates approximately 60% go on to various types of institutions of higher learning. They include schools of engineering, such as Illinois Institute of Technology, liberal arts institutions such as Northwestern, Princeton, Howard and Junior Colleges. The remaining students enter the world of work or, a few enroll in work-study programs of the sort typified by the General Motors Industries in which a student receives a degree in architecture, electrical engineering or some technical area at the end of five years.

Actually, Dunbar is surrounded by luxury high-rise apartments, hospitals and Illinois Institute of Technology, with only one small pocket of public housing nearby.

Our attendance boundaries include the entire city, and students must be recommended on the basis of their achievement scores and do well on a placement test in order to gain entry. We accept approximately one applicant of every six.

Although our students are success-oriented, our current national attitude toward use of alcohol and drugs is an adequate inducement to insure a degree of use. In addition drugs, marihuana in particular, seem to be readily available. Previous attempts to reduce drug usage by the use of "horror stories" proved to be almost totally ineffective as students would almost snicker in the faces of their teachers. The truth was, that the students often were much more knowledgeable than many of their teachers about drugs—and they were rapidly gaining in the area of knowledge about alcohol.

The "school-team" approach pioneered by Region V impacted heavily on both staff and students. There was a cautious, but immediate effect apparent in the interactions of those first involved in the program; and these participants produced a "ripple" effect that pervaded most of the school.

As a result of this program a group of students function within the school with the following goals:

(1) Raise the consciousness of teachers and students regarding each group's attitudes and sensitivities toward the other.

(2) Provide a forum for student input into the delicate areas of dealing with drug possession or usage.

(3) Provide a student peer counseling group which is available to students on a voluntary basis.

(4) Explore with students and staff the perceived reasons for alcohol and drug usage.

These students work as a team with teachers, counselors and the school administration.

The importance of the Region Five role in this effort cannot be overemphasized. Because students are all too familiar with the admonitions, warnings and counselling efforts of their own teachers and administrators, in order to fully grasp their attention it was necessary to introduce a "new voice". The human relations skills and group counseling skills of Region Five personnel were crucial to the successes that we have had.

There have been some failures. It is enevitable that as adolescents experiment with drugs there will be casualties—with varying degrees of seriousness. I will cite three. Two resulted in suicide, and all were the apparent results of having smoked marihuana into which some other substance (we suspect "Angel Dust") was introduced. In the third case, the student was still in an institution, unaware of his surroundings, six months after his exposure to the drug.

If real inroads are to be made in handling alcohol and drug abuse an ongoing dialogue must be established. Teenagers no longer can be intimidated by a person's title, age, profession or relation to the teens themselves. Nor can the most graphic horror stories affect them greatly. Our electronic and press media, by their sometimes sensational coverage of news events have to some degree desensitized us all. That dialogue can best be established or enhanced by the expertise of groups such as Region Five—persons who are uniquely prepared and are outsiders who objectively and sensitively assess situations and bridge the gulf that exists between students and adults. We believe that our present effort will have a lasting effect. One that will go far beyond the time that our present students are with us, for our staff will provide continuity. The effect upon our total community is incalculable as the attitudes and behaviors of students and staff regarding alcohol and other drugs are observed.

In spite of current attempts by the state and local agencies to meet drug education needs, further efforts are needed. Badly eroded state and local revenues are not likely to be augmented to the degree that such programs may be enhanced.

Finally, at best alcohol and other drugs sedate otherwise keen, alert minds. At worst minds and bodies are destroyed. Our plea is that we be given the wherewithal to *educate*—to teach moderation and good common sense in those areas that legislation and morality agree are acceptable, and in numerous, effective ways to awaken our youth to the dangers of indiscriminate drug use. I need only remind you that these are the young persons who will in years replace you and me in our roles.

Mr. **MURPHY**. Ms. Dawson, do you have anything to add?

STATEMENT OF DOROTHY DAWSON, ASSISTANT PRINCIPAL, DUNBAR VOCATIONAL HIGH SCHOOL, CHICAGO, ILL.

Ms. **DAWSON**. Just a few other things, and I really wanted to show you a few of the things that we are exposed to everyday in a ghetto school—anything that you want. This is the latest in drug use. They fill it full of marihuana. They light it. When the smoke comes in in order that they don't lose any of it they take it and they put it in and they get the whole thing.

Mr. **MURPHY**. Do they burn it?

Ms. **DAWSON**. They burn it right inside. The smoke gathers in here and then they put it out into the mouth and into the lungs. I just want to show you some of the things.

Mr. **MURPHY**. It is an economy kit.

Ms. **DAWSON**. It is an economy kit. It is part of the paraphenalia that if you catch a kid and you say well now, this is just a regular little figure head on there but it is also used, the tip end of it has a little paraphenalia where they catch the small part of the drug and then they can smoke it without biting, without burning the lips, all kinds of little gimmicks. These are things, you think a guy had something, just talking with it, and that will match a head a long ways. The pipes that they use, these are instruments of gang kids that we have caught here inside of our school.

Mr. **MURPHY**. How did you get on the airplane with all that stuff?

Ms. **DAWSON**. How did I get through the guard? I told him I had something I wanted you to see especially here this morning.

I am assistant principal at Dunbar Vocational High School. I handle all of the discipline for the students. I am in charge of the student activities and the building security. The school team has been one of the most informative and invaluable experiences for both the students and staff of the Dunbar cluster. We say the Dunbar cluster. We have four. The way region 5 is doing it with us is that we have four feeder schools that most of our students are fed from. We work with these feeder schools with the same program with the students. There is some done with the staff, but mostly with students. We have inservice leadership training with students. I am telling you they really are eating it up. At this time if this school teaching approach is just blown out of the way, we will really be in trouble.

Mr. **Murphy**. How does your school-team approach work? Can you describe the structure of it?

Ms. **Dawson**. We are not like most of the teams. The Chicago Public School system is different.

Mr. **Murphy**. I realize that.

Ms. **Dawson**. We have no release time. All of this work has to be done during our various school hours. There are no salaries involved. What we get from region 5 and the Department of Education is technical assistance. They send out as many people as we want to deal with our young people and talk with them and try to build in them some self esteem, some self pride so there is a different way of life that they take.

Mr. **Murphy**. Are they part of your team?

Ms. **Dawson**. They come to most of our team meetings. Someone from region 5 is with us at all times when we meet with our students and staff.

Mr. **Murphy**. Region 5 is one of the regional centers?

Ms. **Dawson**. Yes. One of the centers from the Department of Education located in Chicago. We feel it is the best. It has one of the most imaginative persons in charge of that program who has been into the gang scene and with the drug scene in Chicago since the early sixties, so I am sure he knows quite a bit about it and the new approach that they have gotten now is something that is really outstanding and it is really important that we get into the schools.

If the state and the city of Chicago have any kind of programs that we could tap into I do not know about them. I have been there for 22 years. This has been the only salvation that we have had. Region 5 is our life line. They have really done wonders for us. These kinds of things, we are allowed through working with our students, when drugs hit the campus we immediately know it, some way, those students that region 5 have worked with. They worked with a select group. And that group worked with another group of students with region 5 staff. Then we have another group, expanded wider but to stop it now means that we have not reached over a third of our students with this leadership program. To stop it now and to go into a block situation would be really disaster for us. We have started something good. They have scratched the surface. Now we want to complete the work.

Thank you.

Mr. **Murphy**. Thank you.

[The prepared statement of Dorothy Dawson follows:]

PREPARED STATEMENT OF DOROTHY DAWSON, ASSISTANT PRINCIPAL, DUNBAR VOCATIONAL HIGH SCHOOL, CHICAGO, ILL.

It is indeed a privilege that I have the opportunity to share with this distinguished committee, some of the concerns that are of utmost importance to me and the young people I work with through the Dunbar High School cluster, funded by the United States Department of Education's Alcohol and Drug Education Program.

Their very survival will depend upon decisions that will be made by this committee.

I am an Assistant Principal at Dunbar Vocational High School in Chicago, Illinois. The school has an enrollment of 2400 students and 125 staff members.

In the past two years we have actively participated in the Region Five's Drug Abuse Prevention and Education Training Program.

The school team approach has been one of the most informative and invaluable experiences for both students and staff in the Dunbar Cluster.

During the school year of 1978-79 and 1979-80 we have witnessed marked changes in the attitudes and behavior toward the abuse of drugs and other forms of disruptive behavior.

U.S.D.E. Region Five has been providing maximum services to the Dunbar Cluster, with on site training and workshops.

We are facing a mammoth problem at present. "Gangs". The gangs have been recruiting members in the school since September 1, 1980.

Traditionally, when this occurs, there is an increase in the abuse of sales of drugs and alcohol.

The gang's chief resource of funds are derived mainly through distribution and sales of drugs.

The gangs are recruiting high school boys and girls between the ages of 13-16 years. This age is desirable because they are juveniles and are less likely to be incarcerated. In 95 percent of the cases that we had arrests made for drug peddling or possession of large quantities of drugs, they never made it to the courts. There was literally a slap on the hand and a station adjustment made.

In a survey at our school, 75 percent of our students have either used marijuana or alcohol, had some experience, or had contact with the products, and knew friends who are frequent abusers of drugs and alcohol.

Seven of every ten students that are brought to the office for disciplinary action are in some way connected with drugs and alcohol.

When discussing the matter of drug abuse, students state that it is cheaper and easy for several people to get high off of one marijuana cigarette that costs only $1.00 each.

However, we have been successful with handling these kinds of problems, with the help of U.S.D.E. Region Five Program.

To decrease the funds, or drop funding for this program will literally mean disaster for the inner city schools.

You must keep the program alive. This program has had a great impact on the behavior and attitudes of the students and faculty members in the Dunbar Cluster.

There are no programs on a local or state level that are dealing with the kinds of services we need that are available through U.S.D.E. Region Five. Teachers are not required to take courses beyond those they need to teach the students assigned to them each day.

This program gives them modern means of dealing with the troubled youth of today. Teaching methods are improved, better communicative skills are learned, better coping methods are taught, and attitudes of students are changed. These young people are the citizens of today, tomorrow and the future. This important growth mechanism must not be yanked away at this time. The surface has been scratched, we must now dig deeper to help young people become accountable to society. I am thoroughly convinced that the U.S.D.E. Region Five Training program is the salvation for our young people and it is imperative that you allow them to continue this most valuable service to schools.

Mr. MURPHY. Mr. Chuck Rector from St. Paul.

STATEMENT OF CHUCK RECTOR, SOCIAL WORKER, ST. PAUL, MINN.

Mr. RECTOR. Being the last one on the last panel, what do you say?

Mr. MURPHY. You sum up.

Mr. RECTOR. I have rewritten this thing three times this morning trying to say something new, and everybody steals my guns along the way, but there seems to be two prevalent questions. One is: How does your team work? I am a line worker, a social worker in an elementary school and cluster coordinator of five schools, Harding High School, three feeder schools, junior highs, and the elementary schools, and how it works is we try—went to region 5 under the LEAA portion of the grant, and that was a big thing.

We trained teams in each one of those schools as the leaders for the remainder of the schools. It is the only program, visualize a line worker with everything coming down from the top and all the stuff coming up from the bottom from the parents. All of a sudden somebody comes in and says, "I want you to look at what you are doing and set up a plan of what would be most effective in your school." They are not throwing down operation X and this is the way you do it. You devise it. It is a morale builder if nothing else. It gives you some feeling about it.

So region 5 came in. We devised our own school team approach in each one of the schools. And all the action plans were devised for 18 months and they were detailed. We could not leave region 5, Chicago, until we had those action plans submitted and approved. We went though these action plans for the next 18 months and some teams got all the way through the action plans. Some things came along and they didn't get through all of them, but throughout that 18 months we were prodded. We were given all the technical assistance, and if I can digress for a minute here, again, think of a provincial Minnesota, which is very prideful, thinks they have the best of almost everything there. Coming from Michigan, they are almost next to Texas. But anyway it is a very progressive state. We have been helped by a nationwide network, five regional offices set up all throughout the United States that tap into all the resources throughout the states, the latest things, the best things, and those things are all available to us.

So you sit in St. Paul, Minn. I should not speak for Minneapolis, heaven knows—but in St. Paul and all of a sudden you have access to a whole ream of new ideas, things that you had never heard of or never even thought of just because they came out of it for region 5. I will get to that later. Anyway out of this group of resources you pick and choose what you think will serve your community best, your school community. And you train parents, teachers, children, in the areas that you have chosen. We chose areas and that may be a little confusing to some people who do not work in the field. What does making a person feel better about themselves have to do with the use of drugs? There is a study out of Chicago, I just happened to clip out of the paper because I have to justify my taking some of it for income tax purposes, and it says you can predict social use of drugs in first graders—I don't know how valid this is—in first graders, by their aggressiveness, that aggressive children will try more things. They will take more chances and in first grade you can predict some of these things.

I do not know that I adhere to that entirely but at the same time I think it is something that bears a little bit of thought and maybe looking into.

So your team looks at its problems, devices, and outcomes, and they proceed. Then you have technical assistance from that time on. I can say region 5 has never denied me any technical assistance that my teams wanted. Only once have they failed me and that was because there was a death of a mother of one of the technical assistance people and so consequently it didn't come.

Does that help you understand how we are trained and what we do?

[The prepared testimony of Charles Rector follows:]

Prepared Testimony of Charles L. Rector, School Social Worker, St. Paul, Minn.

Mr. Murphy's letter asked me to address four questions. I will try to do this to the best of my ability as the Harding Cluster Coordinator for Region V Training Center. I will also try to speak for my peers, who I have contacted prior to coming here.

Question I

"Has the school team approach proven effective?"

Region V first funded a project in the Humboldt High School attendance area of St. Paul in the early 1970's and has funded team activities since then in St. Paul Schools. The school-team concept was introduced and refined with these early efforts. It has been successful and as far as I am concerned is probably the best way to go if you want a sustained effort with commitment to get things done because (1) it is the schools plan not a package handed to them to accept, (2) the training of the team creates a spirit between these individuals which stimulates frank open communications by team members, (3) it stimulates creative thinking among the team members which with No. 2 gives them power and self confidence, (4) the experience and their part in it gives them drive to complete the agreed on tasks to reach their goal, and (5) the efforts of team members is infectious. As other staff see the team overcoming obstacles and changes being made, they then are willing to risk more.

The school team approach introduced by the Training Center is being used (with some variations) by the St. Paul Schools to solve tough problems which need staff support to be successful. In fact, we have fewer and fewer committees, such as the Pupil Problems Committee, but now have Child Study Teams, Drug Prevention Teams, etc. which try to identify the problem, discuss alternatives, and make a plan that each is part of and is comfortable with. All these teams try hard to get parent involvement in the decisions. There are some problems with the program that really point up the need for on going training and rejuvenation.

Question II

"What programs have evolved in your area as a direct result of your training in this approach?"

I have alluded to the acceptance of the school-team approach in more and more areas in our system. As to *programs* that evolved, I can list about 26 that have been tried and are still going—The Peer Counciling Program in several schools, Advocacy Programs in cluster schools, the Mounds Park publication of the history of the area, stress programs for teachers (these now are system wide), Student Peer Coordinator Training, Student Peer Training and T.A., Student Council Leadership Training, 9th grade pilot curriculum, Whole Person Day, New Games Festival, ME Curriculum, Parent Awareness of Chemical Training, Single Parent Family Seminars, Parent & Peer Sharing Sessions, Prevention Strategies for Classroom Teachers, New Games Training, Theatre Games Training, Diagnosis & Referral Training, Coping With Chemicals, After Care Support Groups, Policy Development, Action Planning, Procedure Implementation of T.A., Family Awareness Chemical Training, and I Care Week. I'm sure there are more but these are some of the specific programs in our system. Our citywide drug program evolved out of and was shaped to a goodly extent by the Region V efforts. Also we have, in the past two years, had a Region V Activities Coordinator appointed at the administrator level, who is paid by the school district to help take the activities of the clusters and put them in a broader context.

Question III

"What will be the lasting impact of this approach on the school and community?"

I think the acceptance of the school-team approach in so many areas has had a lasting effect on our system. I say I think because one of Region V's goals is to train the teams, their team leaders and coordinators as trainers so that this method of problem solving will be on going. Our cluster was trained under L.E.A.A. (violence in the schools) and Social Action Research of San Rafael did pre and past testing of school climate. This last Thursday and Friday our teams were in a training session to learn how to do this for ourselves. The reports from principals are very positive. They want the teams to continue to monitor the climate of their schools. I think the affect of the school-team approach has impacted us in St. Paul and will continue both through the programs and also as a problem solving tool.

Question IV

"What do you feel would be the impact of the inclusion of the Alcohol & Drug Abuse Education Program in block grants to the states?"

I personally like the block grant idea. If you are going to give professionals money to implement programs do it and let them set priorities. I wish block granting would be enacted but I hope that with it some of these very specialized programs will also be funded individually for as long as they can prove effective. In St. Paul I'm sure we would not have the same type of experience or the high level of training by such a specialized staff as Region V has been able to maintain. No school district could justify a specialized training staff whose job it was to search out nationally new innovative ideas and methods and specialists to train staffs to use these methods. In some specialized areas where the scene continues to change, such as drugs, and where a high degree of specialized training is needed block granting falls short. Region V fills this gap and has put us in touch nationally with ideas, methods and experts to help us implement these programs. No single system could do this. The whole experience of getting away from family and job obligations to search out solutions to problems that your local district has not addressed and to do it as equals (administrator, parents, teachers, school specialist, businessmen, etc.) and be forced to look at the problems from each others perspective and come up with an 18 month action plan involving each of you is a wonderful experience. Then to know that for the asking you will have available Region V staff experts as well as specialists from anywhere in the country for technical assistance to help you implement your brain child is a unique and wonderful experience.

Region V has had an impact on us in St. Paul that will last but as time erodes everything, we will slip back not into the same nitch but one at a higher level, and there we will stay because it is a great big hassle to sell anything new and create institutional change. Most of us with our daily jobs do no have the energy to tackle that without a great deal of support. Region V gives that support. I have never in the last four years had a single request denied by Region V. I've had many denied in my usual work life as a social worker at state level in two states, in different social agencies, and school systems. Region V's impact is in St. Paul to stay but if it is refunded and continues with us, the impact will improve by mathematic progression. We now have an administrator-coordinator, we currently have three clusters working but we continue to need Region V support and expertise.

What kind of a budget are we looking at—3½ million? Divide that by 50 states—Minnesota will get $70,000. Drug treatment; inpatient hospital runs $5,000 for the usual stay, non hospital such as Hazelton is about $2,500 for the 6 week period. In Stillwater prison that $70,000 would support about 4 prisoners for a year. Region V is a prevention program. I wish I knew how many kids did not enter treatment or jail because of this effort. We don't know but I would venture to guess that the $70,000 would not cover those costs.

Mr. MURPHY. Region 5 is the same region you are in?

Mr. RECTOR. Yes. The midwest region.

Mr. MURPHY. Is that one of the established regional centers that is under contract with the Department of Education?

Mr. RECTOR. Yes.

Mr. MURPHY. And it is a group of people who are under contract with the Federal Government to provide these services to the school districts in geographical areas.

Mr. RECTOR. Right.

Mr. MURPHY. And they apparently have a pretty good success rate. There are five regional centers I understand.

Mr. RECTOR. That is the network comes in. It is so fabulous.

Mr. MURPHY. Do all these school districts in that region have the ability to send their teachers, school board members, even students, to be trained at the center or have the center personnel come to the school district? Is that how you handle it?

Dr. NOWLIS. Only a limited number because we do not have the resources.

Mr. MURPHY. Whenever you have the resources you are permitted to go to the center or the center people attend the schools?

Dr. NOWLIS. Yes.

Mr. **Murphy**. And they continue both.

Dr. **Nowlis**. Always both.

Mr. **Murphy**. Apparently they have been successful at Dunbar. Do people from the center actually work with the students?

Ms. **Dawson**. They work with the students. The first group they tried out at Dunbar was about 150 students who had some offense with the police. They were class cutters. They were just real losers. I want you to know the second year, and I have the statistics to show, that we worked with them, those kids made a 180-degree turn for the better.

Mr. **Murphy**. Turned them into winners.

Ms. **Dawson**. Yes. They graduated and there were only just a few of them left that are marginal students and some of them are still there now. So to take this away from us now you would really kill us.

Mr. **Murphy**. Don't you think that your State would enter into a contract with the personnel in region 5?

Mr. **Stephenson**. My observation of that sort of approach is that it simply does not work because subtley or sometimes overtly the focus has changed. If not, then the funds are diverted for one reason or another. I think it is important that these funds and that this assistance be placed at the local level where the unique problems of that particular school or school district can be addressed.

Mr. **Murphy**. Do you make application for the center's efforts through the national office? Is that how you handle it?

Mr. **Rector**. Yes.

Mr. **Murphy**. How do you handle that in your school districts?

Mr. **Sinner**. In Vermont we work through the Adelphi University National Training Institute in Long Island. In the school district which sent the team from this particular high school, Champlain Valley team, we applied for a grant from the Department of Education through our State. In other words, we went through our State office of Federal funding, received a grant that allowed the four people from our high school to go for the training program and then periodically we would report on the progress of our efforts and based on the successes we were having, been supplied with continuing technical assistance. I am not exactly sure how that is administered vis-a-vis the Federal Government versus the State, but it was through the office of Federal funding in the State of Vermont.

Mr. **Stephenson**. In Chicago our department of government funding programs acts as a liaison between the schools who are involved in the program and region 5.

Mr. **Murphy**. You do have a State office in all of these States that is coordinating it now. What makes you think they would not take this money and——

Ms. **Dawson**. No; not in Chicago.

Mr. **Stephenson**. This is the Chicago Board of Education, department of government funded programs. It is not the State.

Ms. **Dawson**. It is just one of those groups in there.

Mr. **Murphy**. They won't get it until it goes through the State capital under the new system.

Ms. **Dawson**. We hope not.

Mr. **Murphy**. Mr. Erdahl.

Mr. **Erdahl**. Thank you, Mr. Chairman.

I also want to thank this panel and a special welcome to Mr. Rector who, while he works in St. Paul, comes from an even more important city named Hugo. Hugo is important because it happens to be in my district. I am glad you are with us today.

I have a map here that I think Miss Kinsey provided, showing this national network and the five regions. Are these regions that encompass various Federal programs or as you understand the change if we went to a block grant, would these regions be maintained as far as you know?

Dr. **Nowlis**. No. We originally had eight centers, and we divided the country up. In 1974 we had to cut back to five centers as our appropriations went down. We have just taken 10 State areas around the country. We compete for the contract for the region, but it has no relationship to the typical education region offices or HHS region offices or LEAA region offices.

Mr. **Erdahl**. Thank you.

Another question comes up, and I think you were all here when the other panels participated this morning. What are the possibilities that if this change is made that we could have more activity on the part of the classroom teachers or others to really have an emphasis on this area? Are they all already overburdened or don't many of them feel they have any special expertise to deal with this area? It seems to me we have to start in the grade school in the preventive training. What are the options for doing that? What stresses are being—maybe there are other stresses—maybe emphasis is a better word, what emphasis is being made to try to make teachers aware of this, they are not only teaching arithmetic and geography, but they are teaching kids hopefully. Are things being done in this area?

Mr. **Sinner**. I think one of the things that the team approach did successfully was just that, Mr. Erdahl, that we came together as I was an administrator and an associate principal, physical education teacher and two guidance counselors, all of whom had various responsibilities, which in different ways had different emphasis. Some with drug, alcohol abuse prevention concerns and some not.

What we discovered was that it was not anybody else's job. It was our job. That is each of us to figure out how to overcome the institutional inertia which resists change. We all get in ruts which sometimes becomes trenches. How do we clammer out of those and recognize the problems, readjust our priorities and then more effectively come up with a plan which is usually referred to in this jargon as an action plan which allows us to affect the change we want, whether it is to institute counseling or get increased awareness amongst English teachers that drug and alcohol abuse is an issue for them.

I see that was an effect of the program on the schools I have been associated with.

Mr. **Erdahl**. I will put another appendix on that. Do the teacher organizations resist this idea of the extra duties whether it is the lunchroom supervision or something like this or just emphasis without additional compensation?

Mr. **Stephenson**. In answer to the first part of your question, I think for the first time, students and teachers see themselves as something other than adversaries. They became a team. This is our home. We man it. We sustain it. We make it go. We make it look good. That is the first part.

The second thing is I think that the teachers seeing themselves as more effective, are willing to give up whatever amounts of time they have to give up in order to be a part of this, because in the long run there is less aggravation, less abrasiveness, more togetherness.

Ms. DAWSON. Let me give you one instance about a little incident that happened that we had one of the young people brought into my office for a little heat for the seat, and we literally do that. I have the option. I have the name Momma D and I handle it like that. I am the momma away from home. If I feel like I want to heat the seat up I do just that. But this particular kid told me, he says, "You know, I am really better this year," and I asked him, "Why don't you think I ought to suspend you?" He said, "I am really better this year. Last year I just was acting out and disruptive and doing other things. But this year every morning before I go into class I take a hit off the pot," and he said, "I go in and I am mellow. I have cooled down." So he says, "I just have to do it to cope with the teacher." So when I told this particular teacher, I said, "Boy, you are driving the kids to marijuana." Her eyes kind of perked and she said, "Well, when region 5 comes along again I am going to take advantage of it."

We do have a thing now where region 5 offers incentive to teachers that in order to learn some of these latest methods of dealing with students with the troubled youth and making lesson plans exciting for kids and letting kids have a part in what the lesson would be for today. They can get consortium credit from colleges, for colleges in the Chicago area, which would give them an incentive toward getting their 30 hours to get more increment in pay raise.

Mr. RECTOR. Ours State organizations have not been one bit upset partly because nobody ever complained about it. If the principal said you had to stay over to take region 5 it might be something different. But they are coming there before they want to because it has got a program that they can work with and there has been no problem. Our labor groups do not do anything in this line for the State.

The teacher morale factor in this is really probably one of the biggest things, that there is a team approach, parents, teachers and students and they look at the school as something that they can have something to say about and it is the first time in 13 years in St. Paul that I have run into that approach.

Mr. ERDAHL. Thank you.

Mr. MURPHY. I want to thank you very, very much. It has been very enlightening. We do appreciate your coming to Washington to be with us.

[Whereupon, at 11:45 a.m., the subcommittee was adjourned.]

ALCOHOL AND DRUG ABUSE EDUCATION ACT AUTHORIZATION EXTENSION

FRIDAY, APRIL 3, 1981

House of Representatives,
Subcommittee on Select Education,
Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to call, at 9:35 a.m., room 2261, Rayburn House Office Building, Hon. Austin J. Murphy (chairman of the subcommittee) presiding.

Members present: Representatives Murphy and Erdahl.

Staff present: Roseann Tulley, majority administrative assistant; Cheryl Kinsey, majority, professional staff; Gary Caruso, majority legislative director; and John Dean, minority senior legislative associate.

Mr. **Murphy**. The subcommittee will be in order.

We are meeting today to continue hearings on authorizations for the Alcohol and Drug Abuse Education Act.

Our first two witnesses will be Mr. James D. Kazen and Mr. Walter Hollins, of the Alcohol and Drug Abuse Training and Resource Center, San Antonio, Tex.

Without objection, the statements of Mr. Kazen and Mr. Hollins will be included in the record.

[Prepared statements of James Kazen and Walter Hollins follow:]

Prepared Testimony of James D. Kazen, Director USDE Region VII Training Center, San Antonio, Tex.

My name is James D. Kazen and I am the Director of the Regional Training Center located in San Antonio, Texas, funded by the Department of Education. Our Center is one of five regional centers created in 1972 by monies appropriated under the Alcohol and Drug Abuse Education Act. The other regional centers are located in New York City; Miami, Florida; Chicago, Illinois; and Oakland, California. I appreciate the opportunity to appear before this Committee to provide you with some firsthand information on the work of the national training network.

In a recent press conference, President Reagan called drug abuse "one of the gravest problems facing us internally in the United States." He went on to say, "Whatever we can do at the national level to try and launch a campaign nationwide . . . we should do . . . because I think we are running a risk of losing a great part of a whole generation if we don't."

I agree with the President's statement and I submit that we have an effective nationwide campaign already functioning. It is a prototype of what federal assistance to local communities should be. It has the enthusiastic endorsement of local school administrators, law enforcement officers, teachers, parents, and students. It has impacted school districts in every state of the union. It has reduced the incidences of drug and alcohol abuse in schools and in the process energized whole communities to action. Officially it is known as the Alcohol and Drug Abuse Education Program and it utilizes a school team training approach to foster prevention and intervention strategies in local school buildings.

The work of training and technical assistance is carried out through the five regional training centers. Each funded team receives an intensive training experience which facilitates team building, provides information about various kinds of approaches to problem solving and transmits skills to team members that will be necessary for developing and implementing a local action plan. This action plan, conceived during training and supported by the regional training center through on-site support, is the result of a team's analysis of the needs of its school community and its own resources in meeting those needs. A partnership is formed between a local school team and the regional training center for one year, during which time the center provides follow-up, on-site support and field training. The goal of such training and technical assistance is to enable the local agency to become self-sufficient and develop the capacity to identify and solve their own problems of drug and alcohol abuse.

The Alcohol and Drug Abuse Education Program is a prevention effort in the finest sense of that definition, for it is entirely focused on the causes of drug and alcohol abuse and not on its symptoms. Ineffective teaching, ineffective parenting, and ineffective role modeling are some of the causes initially addressed by the school teams. Improving the school climate, reducing peer pressure, and improving skills as teachers, counselors, and administrators becomes a high priority. The problems of drug and alcohol abuse are multifaceted and so also are the solutions.

Throughout training participants are invited to consider that:

We are not helpless in the face of this problem unless we choose to be.

A team of individuals of complementing strengths is more effective than individuals working alone.

Good drug and alcohol prevention is really good parenting, good teaching, and good modeling in whatever we're about.

When a family or a school or a community cannot solve their own problem, it is not likely to be solved by government intervention.

We serve as guides to the young only to the extent our own rhetoric and behavior is consistent.

Solutions to problems of human interaction begin with a sense of community.

Each man, each woman, and especially each child is capable of fantastic gowth.

How effectively school teams accept and implement these ideas is best observed in their own testimony.

The Alcohol and Drug Abuse Education Program is an educational program in the finest sense of the word. It enables our school administrators to take the risks associated with basic human behavior problems which government and other institutions cannot assume. It arms the teacher, coach, or counselor to face problems of chemical intoxication and disruptive behavior the likes of which were not seen in our schools twenty years ago. Lessons learned in this training will not be found in college pre-service programs, or practice teaching courses.

The Alcohol and Drug Abuse Education Program answers the popular call for a return to basics in education. Before we can teach reading, 'riting, and 'rithmetic we have to first get the students to the school and get them to class with their central nervous system unimpaired. A typical student might say this more succinctly, "We got to get to class with our head on straight." I think that is basic education.

I am not an educational theorist, but I believe in education the closeness of students to a good man or woman is the best we can offer our children. When our children get the very best and the school again becomes a community of scholars some amazing things happen. The incidences of disruptive behavior and alcohol and drug abuse decline dramatically. As an example of the effectiveness of the program I would like to cite few examples from around the country.

According to the records from the Fort Worth Independent School District in Texas, the school teams operating within that district have succeeded in reducing drug and alcohol related referrals by 25 percent since participating in the school team approach training.

In the Rochester City School District in New York, at Franklin High School there has been a 32 percent decrease in referrals for drug/alcohol incidents. In the graduating class of 1981, 23 were in danger of not graduating. Through the efforts of the school team 18 of those 23 students will definitely graduate. Prior to the teams' work, 13 students were referred for vandalism. Following training there was no repetition from these students, resulting in a 100 percent improvement in this group.

In chicago's Dunbar High School, prior to training suspensions were reported at 300 per year. Following training and the work of the school team in 1978-79 only 27 students were suspended and in 1980 the number of suspensions was down to five.

The Racine, Wisconsin Cluster reported an observable 50 percent decrease in disruptive behavior as manifested by a drop in discipline referrals. The prevention program implemented by the team reflected an effort which covered kindergarten through 12th grade, impacting the total school population.

Jean Farb Middle School in San Diego, California reduced its number of discipline referrals considerably. According to school records, the number of referrals is down 15 percent from that of the previous school year. School principal, Bill McLain, attributes this reduction to the alternative activities Farb's Project Prevent Team has implemented for the students and teachers. Following their training, Farb Middle School has succeeded in obtaining a lower suspension rate than other schools located in the same area. While other comparable middle schools reported 126 and 305 suspensions there were only five from the Farb Middle School for the same time period.

At Madrone Intermediate School in Sunnyvale, California, the school team program requires teacher, parent, and student participation and focuses heavily on student attendance. It has resulted in the following actual reductions:

ABSENCES

Month	1979-80	1980-81
1	187	30
2	142	40
3	43	13
4	23	2

At the end of the 1979-80 school year, Covington Junior High in Vancouver, Washington had a 20 percent reduction from the previous year in vandalism costs. The school cluster coordinator has reported that the number of students being suspended has also decreased by approximately 15 percent since the team has been functioning in the school.

At Cascade Junior High School in Vancouver, Washington the in-school suspension program instituted by the team after their training experience resulted in a 600 percent reduction in the suspension rate from school.

South Shore Middle School in Seattle, Washington has been experiencing 70 percent reductions in both suspensions and expulsions since the beginning of the 1980-81 school year as a direct result of team activities.

At Lafayette High School in Lafayette, Louisiana, discipline referrals have decreased 53 percent and drug and alcohol offenses on campus have decreased a remarkable 80 percent.

Jordan Intermediate School in Salt Lake City has experienced a 95 percent decrease in drug and alcohol offenses on campus, a 98 percent drop in vandalism, 75 percent drop in truancy, a 90 percent decrease in drop-outs, a 50 percent drop in discipline referrals, and a 95 percent drop in criminal arrests.

At Clayton Intermediate School in Salt Lake City, dropouts have been eliminated completely, having been replaced by alternative placements. Suspensions have decreased by 35 percent and truancy has shown a 50 percent drop. Alcohol and drug offenses on campus and criminal arrests have become too infrequent to maintain figures on them.

Adams High School in Portland, Oregon has shown definite reductions in the number of suspensions at the school as a result of their peer program.

Offense:	*Number of Suspensions*
Alcohol:	
1977-78	9
1978-79	0
Truancy:	
1977-78	175
1977-79	33

These sample successes in participating schools need to be placed in some perspective. There are approximately 8[illegible]00 public schools in the United States. Our efforts have been beamed at the secondary schools and their feeder schools. Since 1974, with our limited funding level, we have been able to impact approximately 2500 schools directly and about three times that number indirectly. Teams and clusters of teams have expanded the training to include, as in the case of Dallas and Salt Lake City, every school within their large metropolitan districts.

As you know, in Fiscal Year 1980, the national appropriation for this effort was down to three million dollars, from a high in 1972 of $5,407,000. Each year we have found ourselves at the regional centers implementing larger scopes of work with less resources. Certainly if cutting the rate of growth in federal spending is a goal of this administration, we are nine year veterans of the cause. This program has succeeded because it has developed models of cost effectiveness that would brighten the spirit of every auditor. I hope that your questions regarding this program do not stop at the issue of effectiveness, but continue on to ask how such a vital program can afford to be funded at a level slightly above Metric Education and slightly lower than Consumer Education. We may be inconvenienced at times by forgetting the conversion from gallons to liters, but I have yet to see a student die from such a lack of knowledge. In every region of our country within this school year, students have committed suicide, students have been assaulted and a few murdered, and students have lost their lives in alcohol and drug related incidents. In my personal appearances before PTA's and other school groups, I have yet to meet a parent desperately suffering about law related education, or career education incentives. Parents' chief concern, borne out in every national poll, is drug abuse and discipline in our schools. I think it is time for us to put our educational funding priorities in order. In three years at a modest funding level of ten million dollars, this program could reach the 16,000 school districts in the United States. This is an attainable goal at an extremely modest cost. At a three million dollar annual appropriation it will take us over ten years, and if this program is consolidated and sent to the states in a Bloc grant, it will never happen.

In this day and age when very little seems to function efficiently and effectively, we should all be incensed that anyone would recommend tampering with something that works. It violates a very important rule of thumb and underlying profundity, "if a system is working, leave it alone." This would be reason enough for me to leave something along, but if additional justification is required, here are some more facts to consider.

The Alcohol and Drug Abuse Education program has never been a part of the elementary and Secondary Education Act. It has had its own legislation since 1970. The most recent amendments (Public Law 95-336) mandated a separate Office of Alcohol and Drug Abuse Education within the (then) Office of Education.

The Alcohol and Drug Abuse Education Program is not, like the standard discretionary program, a grants program. It provides training and technical assistance to local school districts across the nation to design and implement local programs; to build local training capacity; and to develop state and regional support networks.

For the relatively small appropriation of three million dollars, this program is currently working with 450 schools in 36 states, Guam, and Puerto Rico. The same three million dollars, divided by the 50 states and territories would scatter the resources, dissipate the impact, and result in a piecemeal approach to the problems with no opportunity for sharing successes across the nation.

If President Reagan is correct and an entire generation of our youth is at stake, is this the time to think of including monies for the Alcohol and Drug Abuse Education Program in a Bloc grant to the states? The word consolidation is used in reference to funds under this concept and I think it is a more acceptable term than "killing" although the result is the same. We are speaking of the possible demise of a national school program that has been operating since 1974 and is overwhelmingly popular with local school districts across the nation. Do we have the luxury of more time and money to launch another nationwide campaign when the data clearly indicate there is an effective national program already functioning? All the Alcohol and Drug Abuse Education Program has lacked for the past nine years is administrative support and the legislative will to make this effort a high national priority.

My colleagues and I have tried faithfully to adhere to the provisions of the Alcohol and Drug Abuse Education Act. Give us the renewed legislation and a new national priority and we can finish this work through the local school districts of the nation. I seek a new beginning with our priorities and rhetoric in line. I want, on behalf of the regional training centers, the school teams, local educators, and our nation's children, the greatest reward for doing this job well—the opportunity to do more.

PREPARED TESTIMONY OF WALTER H. HOLLINS, DIRECTOR OF TRAINING, USDE REGION VII TRAINING CENTER, SAN ANTONO, TEX., BEFORE THE SENATE SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE, APRIL 6, 1981

Mr. Chairman and Honorable Senators of the United States Senate Subcommittee on Alcoholism and Drug Abuse. Thank you for this opportunity to testify and to offer some of my experiences and observations concerning the effectiveness of the Alcohol and Drug Abuse Education Program. My hope today, due to the seriousness of the decision before you, is that the information I offer will in some way aid you in determining a means of funding which will continue what I and many others consider to be one of the most cost effective and programmatically effective programs devised and developed by the federal government.

My name is Walter Howard Hollins and I am currently serving as Director of Training for the U.S. Department of Education's Region VII Training Center under the auspices of the Alcohol and Drug Abuse Education Program. Since 1973 I have been affiliated with the Alcohol and Drug Abuse Education Program in three different capacities. First, I was part of a community based team which went through the early years of training provided by the Region VII Center. The theme of the training during those years was "Help Communities Help Themselves", thus I am capable of offering information from the perspective of a recipient of the training. Secondly, I served as a consultant to the Region VII Center, providing technical assistance to trained community and school-based teams in the ten state region, thus I am capable of offering a perspective about the effectiveness of the program as an "outsider looking in" and finally, since 1976 I have been a full-time staff member serving as a Trainer/Facilitator, Director of New Programs, and now as Director of Training, thus I am capable of offering information from the viewpoint of a professional helper working directly within the system. As requested by Senator Gordon J. Humphrey, Chairman of the Senate Subcommittee on Alcoholism and Drug Abuse, I will limit my comments in this text to two main areas of concern. First, comments on the Alcohol and Drug Abuse Education Program from the perspective of a trainer, and secondly, comments concerning the development of the program and the evolution of the school team approach.

Before I begin offering comments concerning the training aspect of the Alcohol and Drug Abuse Education Program, I would like to include as part of my testimony a letter I recently received from the Oklahoma City Public Schools, (I think the letter will address some aspects of training).

OKLAHOMA CITY PUBLIC SCHOOLS,
Oklahoma City, Okla., March 24, 1981.

Mr. WALTER HOLLINS,
Center of Education Development, Inc.,
San Antonio, Tex.

DEAR WALTER: It is often said that you should "Make this a better and a more beautiful world because you have lived in it." Oklahoma City is a better place because of your recent visit here.

The approximately forty principals, assistant principals, guidance counselors, classrom teachers and members of the staff of the superintendent have asked me to convey their gratitude for your having brought the "school team process for change" workshop to our city, and to express their appreciation for the value received from it.

It was universally expressed by these educators that the character of the workshop represented a method of fulfilling a need in our schools, its format was logical and easily understood. But it was your presentation that represented the difference between its being just another needed workshop, and a workshop in which participation was primarily a pleasure, and secondarily an educational benefit. Your knowledge of your subject was thorough and it was obvious that you have great confidence that schools using the process can achieve success in educational problems resolution.

Several of the schools have formed school teams, applied the process and developed a product. That is a start. The long range results are yet to be determined but the future is promising.

On behalf of the participants of the workshop, please accept my thanks and further, let us extend an invitation to you to return to Oklahoma City at any time. You will be most welcome.

Sincerely,

THE MIDDLE SCHOOL TEACHERS,
Counselors, and Administrators.

The text of the Oklahoma City letter says a lot about the reception of the training from local people. The focal point or central focus of the Alcohol and Drug Abuse Education Program has been training. Training that would aid in the development of school based people in the following areas:

Problem solving skills.

Communication skills.

Program development skills such as planning, community organization, fundraising, and effective management.

Skills in observing and facilitating group process and interpersonal interaction.

Development of program models such as peer counseling, parent effectiveness training, peer resource programs, and examples of coordinated school and community activities implemented by teams that have already developed effective programs after being trained by the regional center.

Skills related to the development of effective drug and alcohol programs.

Skills that would lead to the development of classroom and school discipline models.

Besides the skill emphasis on training, four key assumptions are used:

1. People take ownership in things they help create.
2. Those who want to, do.
3. People do not fail, plans do.
4. Local people solve local problems best.

Thus, the training provided by the Region VII Center is geared toward the development and training of school based teams of seven members each. School districts send four teams to training forming a cluster of teams. Four teams with seven members each and one overall coordinator which equals the school team/cluster approach. The assumptions apply accordingly—the seven member teams during training develop plans of action to impact problems back home, (people take ownership in things they help create and local people solve local problems best). But the plans of action are more process related than product related. Therefore, the intent of training is to have the teams return home with processes whereby if one solution, or program or strategy fails, they can plan again using the action planning process, (people do not fail, plans do) hence the effort aimed at solving problems is interactive and proactive.

With four teams from each school district, rather than one team, a support system is built into the effort. As well a greater chance of district-wide impact exists because of the numbers of people trained.

The training provided by the center is unique, cost effective, and it works but more importantly, the center staffs do not attempt to solve problems for local people, but offer a problem solving process, "local people solve local problems best" especially when they are skilled in certain processes.

The components of the Alcohol and Drug Abuse Education Program effort can be summed up as follows,

Development of an action plan by school based teams.

Direct experience in the acquisition of new skills fostered by the "laboratory model" of training, whereby the new skill can be tried in a relatively safe, isolated environment prior to a return to the back home setting.

Intensive role modeling on the part of the center staff and consultants. Highly skilled professionals who have acquired skills on the front lines, in most cases, over six to eight years of work.

A balance of skill development and personal growth. Many of the skills aimed at professional growth and problem solving can be used to enhance personal growth.

Through the training provided by the Region VII Center many successful local programs have evolved, I would like to conclude this section of my test by citing a few of the successes from Region VII:

ARIZONA—PHOENIX UNION HIGH SCHOOL DISTRICT

1. Established a revised Opportunity Hall program designed as an alternative to suspensions and expulsions of students. Program also offers decision making and problem solving concepts to students.
2. The Phoenix Union High School District has developed an employee assistance program designed to provide services to impaired employees within the district.
3. A professional growth program has been designed and implemented to enhance the skills of employees within the district in addressing problems to discipline and substances.

ARKANSAS—LITTLE ROCK PUBLIC SCHOOLS

1. Has trained and developed a cadre of over 20 trainers who conduct personal and professional growth workshops. During the 1979–80 school year this cadre of trainers conducted over 100 staff development sessions.
2. Central High School's TAILS program (Tigers Always Interested in Listening to Students) of peer counseling, designed to foster student-student dialogue and teacher-student dialogue.
3. Henderson Junior High School's RFC program (referral for counseling) designed as an alternative classroom program.
4. Club 70 of Parkview High School (a student intervention geared toward solving problems on campus).

COLORADO—WOODLAND PARK SCHOOL DISTRICT

1. Has initiated the process of establishing a student coordinating committee which will develop solutions to student related problems on the high school campus.
2. Dare to Care Program (Drugs and Alcohol Through Responsive Education and Change Always Requires Education) a community problem solving effort.

KANSAS—WICHITA PUBLIC SCHOOLS

1. Has established a school-police liaison program where Wichita police officers are working directly with students covering counseling, awareness of the law, decision making, etc.

LOUISIANA—LAFAYETTE PARISH SCHOOL BOARD

1. The Cluster has developed an outstanding positive discipline program which is being extended beyond the high school into all the elementary schools in the parish system. The program was initiated at Carencro High School.
2. Comeaux High School's TALK Program (Teachers Available to listen to Kinds) designed to open up dialogue between students and teachers.
3. The Involvement Center, a parish-wide program geared to youth. Focusing on student problems.

LOUISIANA—ORLEANS PARISH SCHOOL BOARD, CARVER COMPLEX

1. Has developed a program with a training and workshop emphasis designed to expand the school team approach to its feeder schools.
2. Edwards Elementary has developed a program entitled "Teach a Brother, Teach a Sister". The program is designed to provide role models for elementary children.

OKLAHOMA—TULSA COUNTY SUPERINTENDENT OF SCHOOLS

1. Has developed a program called Street School, primarily designed for students with drug related and behavior problems.
2. Has developed Tulsa County Alternative School, an alternative program designed to continue the educational process of students suspended or expelled for drugs or behavior infractions at the high school level.
3. Tulsa Public School Drug Committee, a committee composed of parents and educators who plan and recommend programs related to substance abuse.

TEXAS—DALLAS INDEPENDENT SCHOOL DISTRICT

1. An in-district training program composed of a cadre of nearly 100 teachers, counselors, and support personnel, providing thousands of hours of staff development time designed around problems pertinent to youth.
2. The establishment of the Office of Discipline and Student Services designed to promote alternative and optional approaches for troublesome youth.
3. A cooperative school program sponsored by the Dallas County Juvenile Department, Dallas Junior League, and Dallas Independent School District.
4. Development of a citizenship curriculum. A curriculum designed to address self-responsibility and self-discipline.
5. A peer alcohol and drug education program, utilizing about 300 high school students who work with students in the middle school system.

TEXAS—FORT WORTH INDEPENDENT SCHOOL DISTRICT

1. An on-going School Board Task Force on alcohol and drug concerns.
2. An employee assistance program.
3. A student peer-alcohol education program.
4. An evening training program for parents of the school district, which is designed to help parents become preventers of drug abuse in the family unit.
5. Established a drug abuse prevention program in the alternative schools for suspended students. The program has a full-time drug abuse prevention specialist.
6. An in-district training program with a cadre of 50 trainers who train other district staff in the school-team approach.

TEXAS—HOUSTON INDEPENDENT SCHOOL DISTRICT

1. Appropriated funds at the local level to continue the crime prevention and drug education program when the State of Texas discontinued funding.

2. The Burbank Junior High School team, working in conjunction with the University of Houston's Teacher Corps Project, has established a model school climate approach.

TEXAS—NORTHSIDE INDEPENDENT SCHOOL DISTRICT, SAN ANTONIO

1. Has developed a resource library with information on drug and alcohol abuse, disicpline, personal and professional growth.

2. Has the N.O.C. Program (Northside Opportunities Center), designed as an alternative to suspension and expulsion.

3. Has developed a media approach entitled "Learning for Life" which appears on Cable Channel 11 weekly.

UTAH—SALT LAKE CITY SCHOOL DISTRICT

1. A trained cadre of more than 20 trainers who conduct staff developments, inservices, and weekend retreats for the school districts.

2. K-12 Alcohol and Drug Education Program, "Here's Looking at You", designed to provide information and alternatives to youth in the school district.

Gentlemen, the program works, the school districts prove that, the local people support the effort; if the categorical grant funding for the Alcohol and Drug Abuse Education Program is discontinued one of the most successful programs in America will die a cruel and unusual death, it will die because as a program it works and is cost effective.

The school team/cluster approach has evolved over a period of time and has been measured and tested against other approaches attesting to the effectiveness of the effort.

In 1972 the Alcohol and Drug Abuse Education effort worked under the title "Help Communities Help Themselves". Under this concept, seven-member community based teams were trained to return to their local communities with a plan of action to impact drug and alcohol related problems. The seven-member teams were composed of various community elements, parents, youth, civic leaders, law enforcement personnel, professionals, etc. The "Help Communities Help Themselves" effort proved to be effective in quite a few cases, but the thinking was that there had to be a more cost effective, more efficient way of making more of an impact. The logical questions were asked:

Where is the heart of the drug and alcohol problem?

Where will a community's future be impacted most?

Where is the central rallying point of communities?

The answer was logical, the schools. The local school systems would be a much better avenue and provide an existing vehicle for addressing drug and alcohol issues.

Through the community approach was beneficial, the initial thought was that by training school based teams the impact would be greater (it has proven to be). Therefore, in 1974 the training focus shifted from community based teams, composed of members representing different viewpoints to school-based teams consisting primarily of school representatives.

The rationale for the shift in focus is embodied in several assumptions:

A prevention oriented program works best in an instructional environment.

Current information and hard data reflect that youth are central to the issues of drug and substance abuse.

Schools are a microcosm of the total community—impact schools and the community in turn is impacted.

By working with and through schools the future of America could be better impacted by providing a byproduct (students) capable of making decisions and solving complex problems (social).

The School Team Approach has been operative since 1974 and has served to be the most effective prevention model designed to this point. Has the "school-team" approach proven effective? My response to the question is a resounding and emphatic yes!

The approach has produced the following results:

Trained school-based teams capable of developing action plans to impact drug and alcohol and crime/discipline issues on school campuses.

Development of prevention oriented drug education curriculums.

Development of program models geared toward students and parents (cross-age tutoring, peer counseling, parent training, P.T.O. training, etc.)

Skills to assess school drug and alcohol problems. Skills possessed by teachers, students, and administrators.

Trained student teams capable of training other students and developing plans of action to impact school or community related problems.

Team members with skills in planning and implementing solutions, programs, strategies, and activities which are prevention oriented.

Trained cadres of school-based trainers capable of training others in useful approaches, skill development, and action planning.

A plethora of programs has been developed geared toward problem solving, decision making and self-concept.

A proactive planning system capable of addressing issues besides those of drug or alcohol abuse.

From my viewpoint the effectiveness of the School Team Approach can be demonstrated in another area besides results. The fact that the approach has evolved over a period of time through a trial and error process utilizing logical conclusions. The results are hand in glove with the process, a logical evolutionary process, which has been tested and evaluated. Because of the Nature of the process itself, results will be seen in schools and communities for years to come.

I would like to offer one final point of information concerning the evolution and development of the Alcohol and Drug Abuse Education Program, from Publication No E 80-3800 U.S. Government Printing Office, Washington 1980 Department of Education booklet entitled "The School Team Approach" comes the outline of the chronological development of the Alcohol and Drug Abuse Education Program.

Year	Budget	Program name
Fiscal year 1972	$5,407,035	Help communities help themselves.
Fiscal year 1973	6,513,629	Do.
Fiscal year 1974	5,838,589	Do.
		School team prevention and early intervention program.
Fiscal year 1975	3,446,899	Do.
Fiscal year 1976:		
USOE	1,625,000	School team approach for preventing and reducing alcohol and drug abuse and other destructive behavior.
LEAA	1,112,000	School team approach for preventing and reducing crime and disruptive behavior
Fiscal year 1977:		
USOE	1,840,000	School team cluster approach for preventing and reducing alcohol and drug abuse and other destructive behavior.
LEAA	1,726,000	School team cluster approach for preventing and reducing crime and disruptive behavior.
Fiscal year 1978:		
USOE	2,000,000	School team cluster approach for preventing and reducing alcohol and drug abuse and other destructive behavior.
LEAA	952,303	School team cluster approach for preventing and reducing crime and disruptive behavior.
Fiscal year 1979	2,000,000	School team cluster approach for preventing and reducing alcohol and drug abuse and other destructive behavior.
Fiscal year 1980	3,000,000	Do.

There are two points of interest from the information.

1. Notice if you will the reduction in funding from fiscal year 1972 to fiscal year 1980—considering inflation, etc., and taking into account that the program serves 50 states and several trust territories, the achievements are remarkable.

2. Note also that in fiscal year 1976-fiscal year 1978, USOE and LEAA (Justice Department) worked together to impact problems using the school team approach. Two federal agencies sharing funds, staff, etc., to impact crime and disruptive behavior. In this case too, the approach proved effective.

Finally, I can say very little more about the training and evolution of the Alcohol and Drug Abuse Education Program. It has worked and has done the job the legislation intended it to do, yet here we are again discussing the death knell of an effective program. The states do not possess the capability to continue the effort at this point in time. Allow us to continue.

In conclusion, gentlemen, I would state that my heart is heavy, as word has reached the local level that minds are made up, and that no matter what the nature of the testimony the funding for the Alcohol and Drug Abuse Education Program will be placed in Bloc grants to the states. If that is the case I would finally offer to you these concluding comments:

The lives of our youth are precious, are gemstones to be polished—though we as adults will one day die and perish as fading of sunlight to night's dark glow, our vigor and essence will ring out loud through the lives of our children and their children. The program I represent at best has prepared youth to say no to drugs and alcohol abuse, to make decisions and solve problems. These skills will be needed for the enemy we wage war against, and indeed it is war and is a formidable enemy, consider this information from War on Drugs magazine.

"U.S. Treasury Investigators told a Senate Banking Subcommittee hearing June 5, 1980, that they had uncovered large scale laundering of drug money through Florida banks, confirming charges made in 1978 in the best selling paperback, "DOPE, Inc., Britain's Opium War Against the U.S." The book, first issued in late 1978 and now about to appear in its second edition, argued that major sections of the banking system were handling $100 billion a year in dope revenues, twice the annual retail volume of all U.S. auto dealerships, and all of it in hard cash."

One hundred billion dollars, gentlemen, is a lot of cash dollars. If indeed the figures are correct, the enemy is great and neet not worry about inflation of Bloc grants. The enemy is prepared and is willing to spend money to make money and enslave our youth, your children and mine, to drugs. Yet we as a nation are willing to say that we cannot muster up two million dollars to continue a prevention oriented program. If the training effort is not continued as is and is lumped in with metric education, sex education, handicapped education, etc., in Bloc grants to states, we return to the sixties. The sixties, gentlemen, when drugs flowed in the streets of America like water, the sixties when LSD was O.K., when marijuana was socially acceptable, when pills were commonplace.

The November, 1980 issue of Reader's Digest reports the following,

"The latest (1979) National High School Senior Survey shows that not only does one out of ten 12th graders smoke pot daily, but these daily users now average 3½ joints a day, and 13 percent of them smoke more than seven joints daily. Of the 51 percent who smoked pot at all during their senior year, 43 percent said they usually stay high three to six hours or more."

If we cannot stop the supply, let us at least give the youth the skills to solve problems and to say no to drugs, decision making.

A war is raging in America, a war of drugs and alcohol, a war waged with dollars (billions from the side of the enemy). A war that takes as hostage the lives of our children, a war that takes as casualties the families of America, a war that the enemy is winning. Alll politics aside, gentlemen of this esteemed Senate, my children are at stake and for those of you who have children, yours are at stake. We face a 100 billion dollar a year enemy and I hear us say as a nation that we are not up to the task of continuing a national prevention program. As a combat-tested program I urge you to carefully consider your decision and let us face this menace head on, let us not retreat in the face of a 100 billion dollar foe. Let us strive to maintain this national focus on prevention. To me our children and our future matter. May God guide you well.

Thank you!

STATEMENT OF JAMES D. KAZEN, DIRECTOR, ALCOHOL AND DRUG ABUSE TRAINING AND RESOURCE CENTER, SAN ANTONIO, TEX., ACCOMPANIED BY WALTER H. HOLLINS, DIRECTOR OF TRAINING

Mr. HOLLINS. Mr. Chairman, primarily we stress the ability to make proper and good decisions, problem solving capabilities, and the capability to influence one's own self-esteem. If a child can learn to say no to drugs, we have primarily done our job.

So in the process of doing this training, we have offered information to the school teams that would allow them to go back and develop curriculum based on problem solving. When you look at a $100 billion enemy and what we have done to stop the supply of drugs constantly coming into America, there doesn't seem to have been too much done about that.

So that is the thing I am enthralled about in terms of the school-team approach, not only with the school classroom instructors' skills and the administrators' skills but with the ability to do things at the local level.

Another thing about the program that impresses me, a program that has been working over the past 9 years, is that it involves local people and depends so much on local prevention people. At regional centers, we don't solve local problems; we train local people to go out and to solve their own local problems. The centerpiece is the creative problem-solving process, and we call it the "Action Plan." It is not a product-oriented but a process-oriented instrument where the teams leave training and they then have the ability to go back and plan. If the first strategy or the first program is not necessarily successful, they can go back to the programs and replan.

The effectiveness of this instrumentality is in terms of developing the program, the strategies, and the solutions to not only address durg and alcohol-related problems but problems related to truancy, school failure, parental neglect, and so forth—in fact, the problems are almost endless.

Also in my testimony is included some of the successful things that have happened, specifically in region VII, the region I am representing today. Each State and in fact most of the school districts in each State can substantiate tremendous successes in their curriculums. The Dallas Independent School District developed entire new programs for student responsibility in the past 3 years, and this has been the case in the entire curriculum.

Addressing the question concerning college preparation, there is a big gap there, because the collegiate areas and postsecondary areas don't reflect anything like that, but here in the local school districts we see an endless list of results from training to help kids learn how to make decisions about their lives and become responsible for their own behavior. This is tantamount to creating as a byproduct an individual who would later on lead a successful life in this Nation.

There have been alternative programs developed, because if you really look at the nature of what drugs and other substances can do to a human being and when you hear about their effects, we have to get back to basics, and that means you have got to get a child in the school, in the classroom, in his seat, without an impaired mind, so that that individual can learn. Alternative schools became a way to do that, because we knew that there were some students who were so bombed-out on some days that they could no longer function in a traditional environment.

So a lot of school systems have developed alternative programs in order to put the schools back in and get the kids off the streets, away from the streets and the pushers, where they could learn in the school system and be helped.

Again, if I could give an example, there is an academy in my State that has one program that has helped a great deal. There are a great number of programs that have helped these kids from becoming a burden to themselves and their families and a burden to society in total.

So there have been a tremendous number of successes. They are all included in the testimony. There have been a tremendous amount of skills developed with local people solving local problems again. The majority of the school teams that have been trained, the clusters, the team clusters, that have been trained, the team member trainers and the cadres of trainers are set up to constantly give them new skills, because as they go about training others, they add to the effectiveness of the program.

Mr. **MURPHY**. Do you have a followup program with them?

Mr. **HOLLINS**. Yes; definitely.

Mr. **MURPHY**. Do they come to your center for training, or do you always send your instructors to the school district or to an area close to the school district?

Mr. **HOLLINS**. In terms of technical assistance, we always go out into the field from the standpoint of having a regional network and conferences to develop networking between States and school districts. They will come in for help at our annual conference, but for the most part, in terms of delivering technical assistance, we do go into the school districts.

Mr. **MURPHY**. Then do you go back to the school periodically on a team or cluster program?

Mr. **HOLLINS**. Yes.

Mr. **KAZEN**. We may make as many as 30 visits to a school in 1 year. We have made 500 visits in 1 year with all our staff members.

Walter just came back from the field, being in 23 counties and having visited three schools a day. That is the kind of attention we have given in our center, and that is true in each regional center.

Mr. **HOLLINS**. The point I want to emphasize is that when I go out there, I am not solving problems for them; I am helping them, pointing out things they can do. The team members are the ones who are putting the programs together, the ones who are implementing the programs and evaluating the programs. I am there in a technical assistance capacity from a planning standpoint, saying, "Here is something you can think about. Here is a way to do that. Let's analyze that." They are the ones who are making this program successful. The people in the field are doing that.

Mr. **KAZEN**. Mr. Chairman, may I make one final statement?

Dr. Edwards from New York, who is in the audience here, has done a considerable amount of work in the military and has done some consulting work also and there are some very interesting statistics the General of the Army recently testified to: That a third of the Army personnel, young men and women in the Army, have severe problems ranging from poor education to drug abuse, and he called it a hollow army.

There are some things the Federal Government can do better than the individual States. I think national defense is one of them. It doesn't make sense for every State to come up with a national defense plan for the United States. And this is an area that goes beyond education to defense, because the young people are not motivated in schools and are not able to get through school. Even though they get socially promoted and out of high school, they don't get jobs, many of them, and they end up in the military services.

The generals and the admirals are telling us about their efficiency rate, and they are experiencing the same problems they experienced in high school.

They are experiencing those same problems in the military, and this program deals effectively with it. So we are not only dealing with an educational problem, we may in the very long run be dealing with national defense and everything else. It doesn't make a lot of sense, with this program operating nationally, considering what we have to pay for one tank and considering what we pay for one sophisticated piece of hardware, if these people are supposed to be operating those in the military program.

Yet this program, which we would be happy to share with everyone, would work. It would prevent the problem from getting to the point where we don't know what to do with this whole generation of young people, as President Reagan said, and we run a real risk of losing this generation of young people if we don't get out there and do something and get our priorities in line.

I want to thank you, Mr. Chairman, on behalf of both of us and on behalf of all the regional centers, for having us here to present our testimony.

Mr. MURPHY. Thank you very much.

We have supplied copies of your statement to the reporter, and also we would like additional copies for the other members so we can make a packet and give it to them.

Mr. KAZEN. Thank you.

Mr. MURPHY. I believe you said, Mr. Callison, that the second group is here with you?

Mr. CALLISON. Yes.

Mr. MURPHY. You are here. All right. And Sgt. Don Stumpf is with you?

Mr. CALLISON. Yes, he is here; and Dr. Kavanagh is also with us.

Mr. KAVANAGH. And Dr. Zucco is also sitting in on the panel.

Mr. MURPHY. Do you have prepared copies of your statements with you?

Mr. CALLISON. Yes; we do.

Mr. MURPHY. We will make them part of the record, and we would appreciate it if you would summarize your testimony.

STATEMENT OF EDWARD CALLISON, PRINCIPAL, HOOVER ELEMENTARY SCHOOL, BERGENFIELD, N.J., ACCOMPANIED BY THOMAS KAVANAGH, SCHOOL PSYCHOLOGIST; SGT. DON STUMPF, JUVENILE BUREAU; AND DONTO ZUCCO, SUPERINTENDENT, JOHNSTOWN SCHOOL DISTRICT, JOHNSTOWN, PA.

Mr. CALLISON. Mr. Chairman, just let me say that I am sure it is the intent of the second panel to give you some personal experience of the followup of trained personnel that went through the process that was documented by the previous panel. We have present on this panel three of the members of the Bergenfield Adelphi team of Bergenfield, N.J., and we will be happy to share our experience with you.

With us also is Dr. Donto Zucco, who also went through the training and also went through another area of training in Pennsylvania.

My name is Edward Callison. I am principal on one of the schools, the Hoover Elementary School in Bergenfield, N.J.

To my immediate left is Dr. Thomas Kavanagh, director of special education and school psychologist of Bergenfield, N.J.; and to my far left is Det. Sgt. Don Stumpf, of Bergenfield, N.J., of the juvenile bureau.

The three of us are members of what we consider to be a unique team in the community of Bergenfield, a team known as the Bergenfield Adelphi team. Incidentally, Bergenfield is located about 7 miles west of the George Washington Bridge, across the river from New York City, and we share all the common problems that New York City has.

The unusual thing about our team, in addition to the three of us having unique and different backgrounds, is that we have five of our members on the core team, which we call the child study team for the youth in the community, and the one thread of unity that goes through us that all of us have gone through training at the Adelphi University National Training Institute under the direction of Dr. Jerry Edwards.

The training puts together a closely knit team. It enables us to identify our own problems in the community, use our own resources in the community, and come up with projects and programs that we feel would impact those problem areas within our community.

Over a period of approximately 1ʋ years—we have been in this now for 10 years—we have developed 47 programs in the community and in the school system in Bergenfield. The main thrust of all these programs is in the area of prevention and intervention.

During that period of time we have also gained a support network in the community of approximately 300 members, and that includes such people as the Acting Superintendent of Schools, Board of Education members, the chief of police, the mayor, council members, merchants throughout the community, clergy, and so forth.

So what I am trying to get at is that we have developed a broad-based program, with the idea of intervention and prevention in the community.

The other thing that is very unique is that recently the Bergenfield Adelphi team was informed by the New Jersey State Department of Health that it was to act as trainers for other communities throughout the State of New Jersey. Over the last 3 years we have trained approximately 70 communities in the State of New Jersey with our process and also some of our programs, which have been used as State models, and most recently we have been involved in some national programs to share this process nationally.

I believe the unique thing about all this, talking about cost, is that it cost the Federal Government less than $10,000 to get us involved in this project in the original training at Adelphi, and as a result we have impacted on hundreds of people in our own community and thousands of people in various other communities throughout the State of New Jersey.

This is just a quick overview of the program, and I would like to turn it over now to Dr. Thomas Kavanagh for some general program descriptions.

Thank you, Tom.

Dr. KAVANAGH. Mr. Chairman, I would like to say something about the training we received, the background and the theory that goes into the development of our programs. Also I would like to express our feelings on why we feel it would be disastrous if the funding goes to the block grants, because we feel the States don't have the capability for training that has already been established in the regional centers.

First, I would like to summarize by saying that the program and what has been accomplished is the result of the training we received at the Adelphi Training Institute 10 years ago. Since then we have been together for 10 years and have developed the program, and I think we are living testimony that the program that has been developed in the regional centers has been successful.

When we first came to Adelphi, which is the Northeastern Regional Training Center, I came as a psychologist; Detective Stumpf came as a police officer; and Mr. Callison came as a school principal. We came together, and the first question we had to answer was: Why do we feel children and students abuse drugs?

We had a brainstorm together. What we saw was that the causes of the problems were things like alienation, boredom, apathy, and school failure. We were given news print, and we had pages and pages of material to study about the causes of drug abuse, and we were asked to relate what we saw about some of the causes.

Then we were asked: What is there that we have in the community to address those group causes of alienation, school failure, boredom, apathy, crisis problems with parents, things like that?

We had nothing. We had drug information programs; we had show-and-tell, where a police officer would come in and give some information about marihuana and drug abuse, and half the time the students knew more about drug abuse and drugs than the teachers. We had teacher information programs; we had scare tactics. We had nothing that addressed the root causes.

So our task as a team for 2 weeks at Adelphi was to identify the root causes of alienation, boredom, apathy, and school failure, and to learn to work at preventing drug abuse rather than reacting. Our whole approach was to be proaction rather than reaction and to address to root causes.

So over 10 years we have developed, as Mr. Callison said, programs based on research, based on theory, and based on good mental health principles, which, No. 1, identify students in the first three grades that come from high-risk families, families with emotional problems, and families from low socioeconomic groups.

We identify them at an early stage. There is no denying that there is research available that is well documented, with 30-year followups, that mental health professionals working with teenagers agree, with an 80-percent correlation, that they can identify who is going to constitute a problem later in the community and later on in life. Teachers have been telling us for years that they can identify problem children in the first three grades, and research shows that to be true.

So if one is first, an elementary school principal or an elementary schoolteacher, he can identify risk at an early age.

We don't wait until higher levels. First, we make use of our resources. We make use of senior citizens, housewives, underutilized resources such as peer models and students leaders, and we take these underutilized resources and have them work with high-risk students. We have senior citizens come in the schools, and we have foster grandparents come in the schools and work with underachieving students who show maladaptive behavior. We have peer models, "big brothers" and "big sisters" to walk them home. We have housewives that do play therapy in the school with children who are at risk.

Our goal is somehow to immunize these kids from problems later on. So the problem is early identification in the first three grade levels.

In our programs we don't use scare tactics; we don't show films about drug addiction and films of ex addicts—all the approaches the States have been using for years. Our concern is that if the money goes back to the States, the States do not have a training capability, they don't have the number of programs that the present regional centers have, and they don't have 10 years of training and school in community organizing and program planning, as was pointed out.

The second thing we do, we talk about students getting high, and then we try to provide legitimate alternatives. We take our older students out on field trips. We take them out with police officers and with community leaders and take them out in the wilderness for 5 days with guidance counselors—10 students, 5 peer models and 5 students at risk from the high school. We take them out in the wilderness and give them a letitimate alternative.

We take them on trips, mountain climbing, white water canoeing, and we try to provide positive role models. We try to show them a police officer in a positive role as a model, and we try to divert them away from the image they may have of a policeman as the "pig on the block."

We also use other groups and show them in a positive role. We have peer models who go on field trips with children. They are there to be a positive model. We try to emphasize not the scare tactics but we try to show the police officers as a positive model, and we use senior citizens in the same way.

Mr. **Murphy**. Do you include all children or all young people in these opportunities, or do you just try to concentrate on the problem children?

Dr. **Kavanagh**. That is a good point, Mr. Murphy. At the high school level we identify 50 students that are at risk, that we feel would cause trouble or are abusing drugs. We take 50 children who are at risk or on drugs that we feel would benefit from one of those programs, and we pair peer models, football players, good athletes, and successful students in school, we pair them and make a group of 10. We don't say who is the "redbirds" or the "bluebirds;" we pair them. We make a group of 10.

Our philosophy is that students can learn from each other, and we take a group of 10 and that is the group we send out in the wilderness.

At the early stages, we do identify the high-risk population, and we work with them with senior citizens, and we also send the senior citizens into the classroom.

We have used program evaluation techniques, too, from the local university. We do not measure drug intake. Our philosophy is that if you identify at an early level, you can't measure drug abuse, because we don't do the progressive bit of research. We do some research, and we have collaborated with the local university at

Rutgers, and we have measured the effect of our program by the drop in the rate of truancies and schools failures.

We try to bring in programs to have greater student achievement.

Getting back to what I said at the beginning, our goal is to address the root causes, and I think at this point we do feel very strongly that the programs are cost effective.

Detective Stumpf has collected some statistics, and he has looked at it from a police officer's point of view. Our feeling is that if the money goes back to the States, they don't have the training capacity and they don't have the approach to the problem that we have. They will go back to the old approach of the sixties, the show-and-tell and the scare tactics. They don't have the ability to carry on the program that I believe our centers provide.

[The prepared statement submitted by Thomas Kavanagh follows:]

WHITHER PREVENTION: ONE COMMUNITY'S EFFORTS [1]

(Thomas E. Kavanagh, Bergenfield, N.J. Public Schools)

One frequently hears the plea for prevention programs in the schools since the schools offer an ideal setting to identify academic and social problems at an early age. Psychologists have long been aware of the inter-relationships among school failure, inferior home environment and psychological problems in living (Robbins, 1966). In addition, the judgements of teachers and mental health professionals agree closely on which children constitute a "high risk" of social and emotional maladjustment (Bower, 1969). Systematic screening procedures are available (Cowen, Dorr, Clarfield, Kreling, McWilliams, Pohracki, Pratt, Terrill, Wilson, 1974; Clarfield, 1974) and studies have shown that not only do large numbers of children give early warning signs of serious academic and social problems, but the problems are likely to become more acute if they are left unattended (Stennet, 1965).

Despite this knowledge, prevention is frequently, as Bower (1969) points out, "a magic word that has little action implementation" or wise is limited to highly financed demonstration projects. Planning for prevention tends to overwhelm people and they're not sure how or where to begin. There is resistance from traditional health care professionals that are preoccupied with treating illness rather than building health. Child Study Teams are inundated with IEPs and struggle to meet the requirements of Public Law 94-142. Community Mental Health workers frequently lack the credibility to enter a school to design practical, useful programs, and decision makers such as principals and superintendents are often concerned about institutional changes required with no clear data to show that prevention efforts will be effective. There is difficulty in documenting the effect of prevention since, as Bry & George (in press) point out, "successful prevention means the non-occurrence of an event."

The purpose of this paper is to report on the efforts of the community of Bergenfield, New Jersey to implement and evaluate a multifaceted, multi-level, grass-roots approach to the prevention of school and community adjustment problems over a five year period. The adjustment problems included alcohol and drug abuse, vandalism, runaways, school truancy and failure, and family crises. The programmatic approach has been designed and implemented by a team of community and school-based professionals, and has received the strong support and involvement of the superintendent of schools, chief of police, Board of Education and other decision makers and community organizations. The team believes, with Bower (1969), that "prevention is small beginnings on many fronts" and that it is possible to make a beginning. The programs are not intended as a panacea for all the community's ills, but as a supplement to existing services in the school and community. While these programs were designed on the basis of one community's needs, it is believed that the process is one that can be replicated and deserves study. The success of Bergenfield's programmatic efforts is believed to rest upon several interrelated concepts: Building and Expanding Support Systems; Preparing for Crisis; Early Detection and Intervention, Expanding Helping Resources; Evaluation and Dissemination. In this paper, the major programs illustrating these concepts are identified. A more detailed report on the programs is available (Kavanagh & Maher, 1979).

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BUILDING AND EXPANDING SUPPORT SYSTEMS

Team building

Systems theory postulates that change in one part of system will effect a degree of change in the entire system (Miller, 1978). The first step in Bergenfield's prevention effort was the intensive training of school/community teams in team building, problem solving, prevention program theory and practice, community organizing and grant writing. In 1972 and 1974, two teams of five individuals from the school and community were selected on the basis of their representativeness, credibility and potential impact of decision makers. Under a grant from the U.S. Office of Education, the teams received two weeks of "live-in training" at the Adelphi University National Training Institute which is directed by Dr. Gerald Edwards. Teams were responsible for defining problems in the school and community and formulating strategies and action plans to ameliorate these problems. Upon their return to the community, their mission was to influence decision makers and collaboratively develop programs to meet the identified needs. Seven of the ten members who were trained continue to work intensively together (other members were lost by retirement) and have been responsible for writing more than $500,000 worth of state and federal grants to support their programs, in addition to developing local support. It is the school/community team approach that we consider the heart of a successful prevention effort.

Organizational and human development workshops

After teams return from training, they usually feel a need to expand their support network and to involve others in the prevention process. One way to meet this need which we have tried successfully in the past two years is the arrangement of Organizational Development workshops. Members of the team identified organizational and interpersonal problems (e.g., faulty communication systems) in the school system and police department and requested time from the superintendent of schools and chief of police to plan O.D. workshops (Schmuch & Miles, 1971). In the case of the school system, the superintendent involved himself and board members and scheduled two day "retreats" involving representative teachers, administrators, counselors and specialists and a consultant. In the case of the police department, the chief arranged tours of duty and consultant time so that every officer was involved in the problem solving process. The workshops involved brainstorming and prioritizing problems, selecting task groups and formulating action plans for problem solving. For example, in response to the identified problem of teachers and students feeling left out of the decision making process, the superintendent of schools implemented an "open-door policy" for teachers and students which has resolved many personal and professional issues in the system. A "superintendent's rap group" with middle and high school students is held once a month with 25–30 students with the ground rules being that students must participate in the solution of problems they identify. In the police department, an outcome of training was the Chief requiring his officers to get out of patrol cars and walk through the parks and get to know youth, rather than driving through in patrol cars. The juvenile officers have trained park leaders, and youths have been involved with the town council in rewriting ordinances concerning town parks, curfew law, etc.

Teacher and parent training

Caplan (1970) has cited the importance of the consultant approach to strengthen the hand of those who deal with the child in his environment. In the past two years, teachers and parents have been engaged in child management skill training using a multi-session workshop approach. In one "high risk" elementary school where 40 percent of the children are from single parent families, the school psychologist and doctoral interns work collaboratively to train 18 teachers, the principal and the school secretary, using 16 "lunchtime seminars" and a behavorial consultation model (Bergan, 1977). At present, these workshops are being extended to faculty in other schools. In 1977 a 16 session evening workshop was implemented for 45 parents using a format developed by Formica and Fairfield (1976). This program, which involves a structured program of transactional analysis, behavior management and reality therapy, was originally developed for parents of juvenile offenders, but was used as a prevention measure in Bergenfield and run by paraprofessionals supervised by a psychologist.

Preparing for crisis—the crisis home project

This project is largely the result of the efforts and energy of the juvenile officers (who had been narcotics officers prior to training) on the team. They were aware of the large number of "runaways" which was a local as well as a national problem, the self destructive potential of some adolescents and the need for predelinquent intervention. In 1974, they wrote a $10,000 CETA grant and with the help of a paraprofessional, located four crisis homes in town and housed thirty adolescents in one year and provided 24 hour crisis counseling. In 1976, they wrote a $52,000 SLEPA (State Law Enforcement Planning Agency) grant, refined their procedure and enlisted the cooperation of the local mental health center. They expanded their staff and the following year, the program served 14 towns in Bergen County. The program, with the support of SLEPA, will be "county-wide" by 1979 and serve 70 communities with six satellite offices. It is the only predelinquent crisis home project in the country, and serves police departments, schools and local agencies. It is the "brainchild" of the two police officers who developed the project against the advice of administrators and staff of child care agencies (DYFS, probation, child guidance clinics) who said it was too risky.

Reaching out: Early identification and intervention primary mental health project

This program involves the screening of high risk elementary school youngsters with social and emotional problems, and utilizes four housewives trained and supervised by the local school psychologist to work with "vulnerable" children individually or in small groups. It is modeled after Emory Cowen's project in the Rochester City Public Schools which is the most thoroughly researched school prevention program in the country (Cowen, Trost, Izzo, Lorron, Door, and Isaacson, 1975). Cowen and his colleagues have had an important effect on our thinking and have always been available for consultation. The mother aides in this project are the heart of the program and the school psychologist is collecting dramatic case study reports as well as teacher satisfaction data. The program has been funded under Title 1 and Compensatory Education for four years, and is one of the few PMHP replications in the state.

Social work outreach

This program was piloted in 1977, funded by a CETA grant, and involved hiring a social worker (BSW) and two family aides to work collaboratively with the Adelphi Team and the Child Study Team. The outreach worker has no child study team responsibilities but was supervised by the regular school social worker. She received referrals from, and acted as a link between the school, police department and family agencies. The outreach role was to identify unmet social and psychological needs similar to Caplan's (1970) model of interpersonal and social action. Services ranged from intervention in family crisis such as divorce, death, unemployment, legal problems, etc. to emergency babysitting and transportation, household management, child care, budgeting and nutrition. The workers acted as advocates of the child and offered services that otherwise would not have been provided.

Outward bound

This program involves survival training and wilderness education for adolescents from 12 to 17 years old. The program came about as a result of a counseling effort for predelinquent adolescents conducted by the school psychologist and guidance counselor which became physically and emotionally draining for the group leaders. This was due to the temperment of the students who were extremely disruptive in the school setting. Field trips with the students and police officers involving mountain climbing and white water canoeing were so successful, however, that the group leaders applied for and received a CETA grant to expand the program. Fifty "high risk" youngsters and fifty peer models were identified and ten hetereogeneous groups were formed. Students were put in controlled stress situations in the wilderness for five day periods and learned to work together as a team. The group, upon their return to the community, implemented a community service project and are followed up with counseling sessions. The Outward Bound model was originally designed by Kurt Hahn, an international educator, who used it as a character building technique for British Merchant seamen who were likely to be taken prisoners of war in World War II.

Our project utilizes trained Outward Bound instructors from Project USE in Hewitt, N.J. Despite the fact that students lived under extreme conditions (including the blizzard of 1978), this program became extremely popular with parents and faculty as well as pupils.

Individual needs curriculm

This project was designed by a high school counselor and guidance director as an alternative program in the high school, and involves the selection of ten students identified as possible dropouts by the guidance department. One guidance counselor, who makes the final selection of students, administers the program and is assisted by four teachers who are assigned to the program one period a day. Students have the same classes with individualized assignments and receive daily group counseling. They can only remain in the program one year and must demonstrate appropriate motivation and adherence to school rules and regulations to remain in the program, Participation in the program is viewed as a privilege and a "second chance" by many and an espirit d' corps almost invariably develops.

The development of alternative human resources

When Albee (1967) studied mental health manpower demands, projected over twenty years, he noted that demand was far enough beyond the probable supply so as to constitute a national crisis. The Joint Commission for Mental Health in reviewing incidence studies for the prevalence of emotional disorders in elementary schools estimated that 10–12% of children had moderate to serve problems while 4% needed immediate clinical assistance and up to 30% had mild adjustment problems (Glidewell and Swallow). Cowen and Zax (1972) note that the very nature of preventive programs will require innovative manpower use and a redefinition of the role of the mental health professionals. With this in mind, we have selected senior citizens, doctoral students in school psychology, housewives, peer counselors, CETA workers as candidates for training programs to work with students. In the senior citizen program, for example, twenty-six older citizens from in and around the community were taken away for a week's training on how to work with children and youth in a "foster grandparent" role. On the final day of training, senior citizens met and posted their skills on newsprint while the superintendent of schools, members of the Board of Education, school faculty and police department posted the needs of students. Matches were made and dramatic results of the workshop were documented (Clark and Kavanagh, 1977). Those senior citizens who continued as volunteers in the school programs have become like extended family in one school and are regularly invited to faculty and student parties. One participant of the training became the school attendance officer for the district.

Evaluation and dissemination

In March, 1976 the superintendent of schools, chief of police, and representative of the Adelphi Team were invited to testify before the U.S. Senate subcommittee on Alcoholism and Drug Abuse Education at the invitation of Sen. Harrison Williams. After reviewing the programs and some statistics (including a reduction in school vandalism costs from $15,000 to $3,000 in five years), Sen. Williams called Bergenfield a model for other communities to follow. At this point, the team applied for and received a $15,000 grant, from the N.J. State Department of Health, to develop and implement a prevention program evaluation system. The evaluation framework is one that is being developed by Maher and is explicated in Kavanagh & Maher, 1979. This model views evaluation as a process of obtaining technically adequate information for programmatic decision making.

The first year of the project has just been completed and the evaluation consultants have involved prevention program coordinators in the research and development of their own programs in order to effect ongoing program improvement. Three day workshops in program planning and evaluation are being scheduled for 1979–80 through the support of the State Department of Health and a determination will be made as to the degree the Bergenfield-Adelphi model of prevention can be replicated in other communities.

Summary and conclusions

This paper has reported on school and community based prevention programs developed by primary caregivers trained intensively in program planning and evaluation. Prevention and its evaluation are seen as processes where representatives from the school and community define problems, develop alternative strategies to ameliorate these problems and collect information as to the effectiveness of the strategies.

While programs depend on each communities' needs and resources, essential ingredients seem to be building and expanding support systems, preparing for crisis, early detection and intervention and alternative uses of human resources.

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For information about workshops on Prevention in Bergenfield, contact Barbara Bell, Prevention Coordinator, N.J. State Department of Health, 129 East Hanover Street, Trenton, New Jersey (609) 292-4394.

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Mr. ERDAHL. Mr. Kavanagh, I guess the detective will have some interesting things to tell us. You mentioned several times in all the testimony the part about the scare tactics.

Dr. KAVANAGH. Right.

Mr. ERDAHL. You feel they don't work?

Dr. KAVANAGH. Absolutely not.

Mr. CALLISON. In most cases they don't work.

Dr. KAVANAGH. Absolutely not.

Mr. CALLISON. Sergeant Stumpf has been involved in this area, and I think he can get the point across. I am sure he can get the point across to the subcommittee.

Dr. KAVANAGH. I would point out, Mr. Chairman, that Sergeant Stumpf served as a narcotics officer before becoming a part of our team.

Sergeant STUMPF. There are three reasons I hope I can point out why these things don't work. First of all, the person giving the program doesn't have credibility. It is usually not a paraprofessional who is addressing a student body of students and who tells these horror stories about prostitution and drugs and taking money. But I believe we are all credible, and that is our job. I am paid by the State.

One of the reasons it doesn't work is that they give them all the legal things because they think at least that is what they're got to do. That does not help kids. You can't scare kids. They used to tell kids that if they used marihuana, they would end up with two-headed babies, but the kids used marihuana and now they know there are no two-headed babies around.

The effectiveness of these scare stories is down to 2 percent. The scare thing, like a lot of other things, gets laughed off the credibility board. The reasons why that doesn't work is because we act too little and too late. You can't talk to seniors about marihuana. That is like talking to nuns about labor pains. We found out it doesn't do any good, because there is no relationship between the two.

That is why we are trying to get with the kids. We act as a team, and when we deal with kids who grow up to hate cops and hate teachers, we want to get with the kids when they are 5 and 6, when they are malleable. We say, let us do that with a positive program, because it is cheaper in the long run, and the ratio of success is 2 to 1 while they are at that age when they are malleable. We are more successful, we find, and if we don't get them at that age, we just find we have wasted a lot of time. We must do that sooner or later, and when they are malleable, our programs undoubtedly work better when they know what we have to say about the drug thing.

Mr. **Erdahl**. Yes; it does remind me of our experience until our oldest son became 20. We had four teenage sons, and we found that out about drug talks in school. They hear those things in school, and it just gets a laugh on the ride home on the bus.

Sergeant **Stumpf**. I found that to be very true. They talk to the kids, and they tell them about cannibus sativa and say, "This is marihuana and it is very dangerous." They tell them about the laws in the State of New Jersey, and they say that 25 grams is an indigestible dose, and all they are doing really is they are just telling them what size package to make.

Dr. **Kavanagh**. It is also a popular approach to tell kids how we have tried to deal with drug abuse. Of course, that is what we are supposed to do, but there is no relationship between giving kids information about drugs and getting them to stop using them.

Sergeant **Stumpf**. I would like to say a word about juvenile justice which I think has been overlooked. The reason why I personally feel strongly about this approach, which is 10 years in the making, is that we sit here and we appear here as an oddity. A police officer and a psychologist and a teacher even sitting together is an oddity. In our system they run separate stats on kids, and the police have a record this thick. The kids are there, and by the time we get out to talk to them, the kid is 18 and he's gone.

Because we don't communicate and don't have any system of communicating, the kids are taking off and using different drugs, and not being treated or given any attention.

So Bergenfield has taken this broad approach and has taken the approach that we are going to meet people's kids and we are going to defeat drug abuse, we are going to defeat a lot of the alcohol and drug abuse, so we systematically said:

> What are the kids thinking about? Are they going to have these problems because they have low self-esteem, because they are unable to make different decisions and because they are in domestic turmoil?

We see many areas where 51 percent of all these children live in homes with single parents, and they get into these crisis situations. The only time juvenile justice reacts is after a crime is committed. That is not the time to react.

When kids run away, who is there to help them without charging them with a crime? We address this whole area of drug abuse, and the way we do it has proven that it is cost effective. One of the programs we have is to get out with the kids and to identify these crisis homes.

One of the reasons we have done this so successfully is that we have run a methodology program that works 24 hours, and we see these kids anytime they are out of the school districts—no lawyers, no judges, and no family help. One reason that project has been so successful today, it started at Bergenfield 5 years ago, and it is now countywide, dealing with 840,000 people, and with those numbers we are intervening with over 900 kids, losing only 26 kids to the court system.

If you contrast this with the court process and the monetary costs you are talking about, keeping a kid confined in my State, it is $60 a day, and if he is given an education, it is $105 a day. He is usually held 45 days before anything happens. As a residential place, you are talking about $40,000 a year.

So if you can intervene at a very early age with him and his family, you can save untold amounts of money, because you are keeping him in the system, you are keeping him in school, you are not putting him out someplace to try to get better.

Mr. MURPHY. Why can't this be done with this administration's approach, a block grant going back to the State of New Jersey and having them set up the program? Why do we need regional centers, and so forth?

Sergeant STUMPF. Because the State of New Jersey's methodology has always been along the thinking of getting the child into treatment. They send up a block of money. We are going to be talking about slots and we are going to talk about methodology of treatment. We have an epidemic in the metropolitan area of heroin, an epidemic, as Mr. Russo says, in the county, and a lot of people can't be treated. They are talking about treatment, and that is where they are putting the money.

We are going to talk about prevention, and we are going to get nickels and dimes if we are lucky, because they are dealing with crises.

The State has crises that are happening out on the streets in the cities, in Paterson, Elizabeth, Newark, Bayonne, and they have got to treat people. They have got to cut back. You are talking about a 25-percent cutback, and with this cutback and with the money going to block grants, you are going to lose this program of prevention in communities.

Dr. KAVANAGH. How are you going to divide up $3 million among the individual States? How much are you going to give each of the 50 States?

Mr. MURPHY. You would get about one-half of the drug enforcement program.

Mr. CALLISON. There is another problem, and this is another reason the State couldn't take us under the block grant. I think our situation in New Jersey is a perfect example of this. This is a team trained through one of the regional centers, and when they went to the idea of prevention training and went into the program on a State level, they found they couldn't get results because they had no other capabilities within the State to do it, so they came to Bergenfield, the facilities at Bergenfield, to receive the training because they didn't have the capability.

Sergeant **Stumpf**. Ten years is a very long time. The reason why we are successful and have been for 10 years is because of the technical assistance we received from that center. We really relied on the Federal Government to get our program going, but we didn't get far until the third year because we had failure before we finally received the technical assistance which we got.

We couldn't get that sitting here in front of you. The State can't do that. We need assistance on the local level, and we need that shot in the arm.

I don't think that is a broad-scope field. The urban centers is not going to be all we are going to have; we are going to be dealing with the interurban and the suburban, as well as the urban, populations and whatever. We aren't going to have just one expert to come around and program plan for us.

What I am saying to you is that for the 10 years of our efforts it is costing the Federal Government 60 cents a month to put the training in and put the plan in here, and I don't care about the cost factor; I am saying that three major things are happening in Bergenfield.

We now have the lowest rate of school vandalism we have had in 5 years. That may not be exciting to you, vandalism, but it tells something about the attitude of the community people being around to help us. We have saved $38,000 in our public schools through the last 4 years, including this year, and we are under $2,000.

That maybe doesn't affect you or the panel, but that says something about our healthy attitude. When the program started this year and last year, we had a 94.6-percent decrease in vandalisms in buildings. Our dropout rate is down to 2 percent. We haven't had an assault on a policeman for 5 years.

The other day I was talking to Cheryl of your staff, and she said, "Can you show me a graphic reduction in drug use?"

And I said, "Yes; I can."

I told her that there was an 85-percent reduction in drug arrests. The reason why it dropped is because we dismantled our drug treatment force because we weren't catching them in time, so there is a drastic reduction. We can run those numbers back and forth all day.

I am saying that this is broader, the community approach we have, and not just taking kids in turmoil areas and having them wait around for 24 hours. You see, the health offices and the social services, they run 8 hours a day. The analogy on that is, would you open up a hospital and close the emergency room on weekends? Because that is what social service does.

Kids get into crises 80 percent of the time between 5 o'clock Friday and Monday at 8 a.m. People would call, but they would find out everybody went home, and the kids need help on Saturday, and they have to live on their "garbage" for 2 days and wait until Monday. They come to their parents for help when they have no responsibility.

So good community planners don't close down until Monday, but they would be there Saturday, Sunday, Christmas, and holidays, and that is what we have done in the community.

We have a social Outreach program. We have a family aide who comes to the school at 3 o'clock in the afternoon, and she works until 11 o'clock at night, and she is off Tuesday and Thursday. She goes into high-risk families, because they just call her from the elementary school and she goes to deal with the problem.

I am trying to share with you that kind of cost effectiveness with that kind of a step approach. Instead of charging the kid, we will send someone to the home to make an effort to deal with the person's kids.

We have, let's say, a high-risk family, and the mother, at 5 o'clock is assaulted and she calls the school for help because she needs intervention with the kid, and the janitor answers the phone. That's no help.

Dr. KAVANAGH. I think it is important to point out that Detective Stumpf was a narcotics officer before his training with the regional center, and we didn't have these attitudes before our training, but after our training at the regional center there has been some rethinking.

Mr. MURPHY. He has changed his attitude?

Dr. KAVANAGH. Right. He has changed his attitude in the way he looks at his services as a police officer, and I think all the energy is now going into prevention and social services rather than coming in with too little too late, after the battle is lost.

We are spending our energy putting out fires and preventing crises from happening.

Mr. CALLISON. I think another example of Detective Stumpf's attitude is his assumption that he is as much a member of the staff of my institution as the regular classroom teachers are.

Mr. ERDAHL. An interesting point that obviously has been emphasized, I think, pretty well here has been the theory of identification and prevention.

Mr. CALLISON. There is no question about it.

Mr. ERDAHL. It seems like that is cost effective. How much does it cost to keep a kid in the Federal pen or someplace? As much as it costs to send them to Yale?

Sergeant. STUMPF. Those are the lucky ones. We don't place all the kids we should. We do a lot of detail. If you identify these kids before they are 15, 15½, 16, before they are cast off and commit crimes, you don't have to pay anything. But the juvenile justice system in my State and around this country is jammed up; it doesn't work. It really doesn't work because there are too many people in it, and the wrong people are in it.

You have people for domestic solutions. This is a gradual alternative. You have a single mother coming home, with a 200-pound kid, asking for help. Not only can't she solve his problem, but she can't solve her own, and that lummox is going to beat her up. That's what we are talking about. If we can support that single mother, whether it be with the family and get her problems straight, or whether we deal with her child, we will be there when we are needed.

So if he is going to punch his mother's nose, we are going to take him out in the woods and kick him around.

All of these things we do are inexpensively done, and like the previous witness said, the Bergenfield plan is one that costs less, and it has worked in New Jersey, everyplace where that plan has been used. I am not sure the Bergenfield plan would fit all over the country, but it works in our region of the country, and these problems can be solved if people come up with other alternatives that succeed.

Dr. **Kavanagh.** I think this process would not have taken place if it were not for the training we received. But now you are talking about cutting up the money and dividing it up among the 50 States and the territories. It is just not going to happen; all the money is going to go into treatment.

Mr. **Murphy.** I want to thank the panel very much for their testimony.

We will now hear from Dr. Zucco.

Mr. **Zucco.** Thank you, Mr. Chairman.

I am Donto Zucco, superintendent of the Johnstown School District, Johnstown, Pa.

We have had the Bergenfield people in to work with us, and they have been part of the whole network that goes on. We get familiar with what is happening in other schools and try to trade off some of the things that have been working successfully for us.

As with other superintendents, I have got a system in a state of decline. I lose 300 students a year. We have enormous problems trying to manage that kind of a decline.

I also have the task of dealing with the kids brought to me for expulsion, children who are put out of the school. I get to see them the following year because they are all that much wiser, having been out on the street.

We have viable alternatives in our program which we put in place as a result of being in a situation where we need alternatives for kids and technical assistance provided to us.

Jerry Edwards and his staff came in and worked with our teachers, because they don't have the skills and the ability to identify the children. It is difficult to identify the children prone to potential trouble; however, they have all the characteristics, and these are the problem children that identify themselves as people who aren't going to make it through school. So you need some special skills for the people that are going to work with those children.

It takes a unique kind of training, and that is what is available to us. We have a variety of programs. We are working with gifted students. When you initiate a program in a system, there are all kinds of trauma in the flow system. We have to put in a gifted program for everyone with an IQ of 130 and above. Those children get involved in alcohol and drugs. You put additional attention on them in terms of new programs. You have got trauma in the home; you have got trauma with a teacher not familiar with the program. You have training techniques. Some of the people have been up in New York working with the staff students, and we have good results.

Mr. MURPHY. Have you established that type of school-team system? Do you have it started in the elementary school?

Mr. ZUCCO. Yes, we do. Have a good team now, three different teams present in the overall cluster. We have a group now applying discipline.

Mr. MURPHY. How long have you been developing this program?

Mr. ZUCCO. Three years. I have been superintendent for 7. I have been involved in watching children come to me, put out of school with no alternative, and then watching them come back next year in October and get put out again. One of the biggest problems I have is there are a lot of lonely people. As a school superintendent you get isolated. I have only 5,600 children, but with eight buildings you can get removed from what is happening out there.

We developed an office called a think tank. I have a group of people made up of citizens, children, parents, and faculty who meet in my home once a month, and we talk about the system, the deficiencies, and the needs. They assist me in working it out to prioritize some of the strategies we need to put on kids in a positive way. The net working that goes on with the faculty and the system is good. We do a lot of traveling with the faculty in the buildings so they get some better sense of the people they are working with and what successes they are having.

My concern would be if you dilute the funding, I don't see that there will be any impact at all. I have had other superintendents in surrounding districts come in to see what we are doing. I have someone modeling an alternative school after what we do. I have people trained in New York in Adelphi out in other school districts training other people because they have got enough skill to do that.

Mr. MURPHY. Do you think Pennsylvania would have any more success than what they predict New Jersey would have if they had the funding from here in a block grant program? Do you think that that would continue to support the program?

Mr. ZUCCO. No, I don't because I had a State Department official in my system yesterday, and he told me they had 82 people out of the Department of Education in Harrisburg, which means there is less and less available to us to deal with some of the problems.

Mr. MURPHY. Well, there would be a few dollars flow through to Pennsylvania in this block grant approach?

Mr. ZUCCO. I tend to think the way it is arranged at this point, the best way to go is Gerry has had me up to work with other superintendents. It is an opportunity to use the center approach to train people to give them specific roles to develop camaraderie with other States, other people. We have been involved in sending people to Ohio to take a look at what they are doing. I don't think putting it on a State basis is going to achieve what we have got going right now.

Mr. STUMPF. Mr. Murphy, let's assume the block grant arrives in Pennsylvania, and there are many people vying for those dollars. Prevention doesn't have black and white numbers; treatment has black and white numbers; and the only way we would survive is by excellent training and the ability for technical assistance. Even with the possibility that excellent training could be had for one State, if you do not prescribe the technical assistance to those teams in the field, they will not survive no matter what their skill level is. They need continuous technical assistance.

We have been drawing continuous technical assistance from Gerry Edwards for 10 years. We were allowed legally 1 year. I think he has given 9 free years to us. But we need technical assistance all the time.

I am a police officer. We go home and kick people around. These people teach. This is a fine line. We have other job skills and centers, but without the technical assistance in the changing scene, and new methodologies to deal with, we would fall. We would become old-fashioned and deal after the fact. Nobody listens in block grants about early intervention. Nobody hears that word.

How can we say to you, we have prevented a problem that did not occur? We can't say that, so we don't have an argument to take to the bank, and when we get to the bank, it is closed because all the money went to slots and hospitals. So if you go into a block grant operation, you can kiss us off.

Mr. MURPHY. All right, gentlemen. Thank you very much.

[Letter submitted by Donato Zucco follows:]

GREATER JOHNSTOWN SCHOOL DISTRICT,
Johnstown, Pa., April 1, 1981.

Hon. AUSTIN J. MURPHY,
Chairman, Select Education Subcommittee, Congress of the United States,
House of Representatives, Washington, D.C.

DEAR REPRESENTATIVE MURPHY: In response to your invitation to testify before the Subcommittee on Select Education during its oversight and reauthorization hearings of the Alcohol and Drug Abuse Education Act, we have summarized the programs, groups involved, goals, and outcomes of the Adelphi Cluster in the Greater Johnstown School District.

In our opinion, the "school team" approach has proven effective. In addition to local programs, we have established connections with other school districts and communities similar to us and share problems and solutions. The updates every cluster member receives keeps us all up to date on current activities of all those trained at AUNTI by Dr. Gerald Edwards and staff.

It is our hope that the current level of funding will continue to provide the support necessary to continue our work to help staff, community and boys and girls in our school district.

Sincerely yours,

DONATO B. ZUCCO,
Superintendent of Schools.

SUMMARY OF ADELPHI CLUSTER AND TEAM ACTIVITIES—FEBRUARY 1978 TO DECEMBER 1980, JOHNSTOWN SCHOOL DISTRICT, JOHNSTOWN, PA.

Year	Program	Groups involved	Goals	Outcomes
February 1978	AUNTI training session	21 individuals organized into teams representing the social agencies, parents, and staff from the Secondary schools	Individual training Reduce truancy in schools Establish equal enforcement of rules for students in Garfield Junior High School	Teams functioned and new ideas were tried. 26 members on teams. Truancy related to drug use and alcohol. 8 students were helped.
			Improve school climate at Cochran Junior High School	Program failed because staff members were transferred to other schools.
				Continuing process with new programs each year. New thrust is in the elementary schools.
May 1978	District staff	410 school staff	Improve staff relations within buildings	Some improvement.
	Development in service	Dr. Edwards, AUNTI staff, and support groups		
			Improve school climate	Programs introduced for classroom use.
			Develop programs for student-teacher interaction	18 teachers are using techniques introduced in the classroom.
September 1978	Cluster reorganized	Cluster members Adelphi technical assistant	Continuation of programs a. Truancy b. School climate c. Staff development	Aid from social agencies for truants and families. Six positive cases.
October 1978	AUNTI training coordinators	AUNTI staff Cluster coordinators	Renewal of self ideas and exchange of ideas with other coordinators	New ideas ignited within the cluster.
November to December 1978	Develop more specific cluster activities	Cluster members AUNTI technical assistant	Develop control of programs	Involved more social agencies in truancy program.
April 1979	AUNTI training session	AUNTI staff New cluster members	Team and cluster development	New members added to cluster and program to aid aged was developed.
September 1979	AUNTI training session for superintendents and principals cluster meetings.	AUNTI staff Superintendent Secondary principals	Build support from educational leaders within the district and schools	Superindendent and three principals became active members.
		Cluster members Superintendent Secondary principals	Develop a timetable for closing the high school and moving to 2 secondary schools	Specific tasks were assigned to district staff.
October 1979	Student training session at alternative school	AUNTI staff and alternative school staff	Determine student problems related to family and social mores	Recommendations were formulated for use by the staff.
	Continued development of timetable	Cluster members	Developed additions to timetable for closing the high school	Timetable was followed and aided in the process of closing the high school and change to 2 secondary schools.

SUMMARY OF ADELPHI CLUSTER AND TEAM ACTIVITIES—FEBRUARY 1978 TO DECEMBER 1980, JOHNSTOWN SCHOOL DISTRICT, JOHNSTOWN, PA.—Continued

Year	Program	Groups involved	Goals	Outcomes
November 1979	Student, parent, and teacher problem solving sessions for gifted classes at the high school.	High school principal A team from the cluster students of gifted classes and their parents and teachers AUNTI technical assistant	Seek solutions for problems in a new curriculum for gifted high school students	Problems were expressed by each group and solutions sought.
December 1979	Teacher problem-solving sessions for gifted program.	High school principal Teachers of gifted classes Cluster members AUNTI technical assistant	Problem solving for new curriculum	Many problems solved.
January 1980	Completion of timetable for HS closing	Cluster members	Complete listing of sequences for timetable	Timetable completed and checks set to have followup.
February 1980	Training session for citizen's advisory committee.	Cluster members Citizen's advisory committee	Introduce problem-solving format	Set method of problem solving in use by the committee.
March 1980	Teacher in-service	55 teachers Cluster members	Methods introduced to staff for use in student interaction	Teachers used new techniques in class.
	Formation of drug committee for development of a curriculum in grades K-12.	Cluster members School administration Parents Representatives from social agencies	To develop a curriculum for instruction about drugs	Collection of information needed.
	Completion of parent, student, and teacher problem solving for gifted classes.	Parents, teachers, and students involved with the gifted program	Problem solving for new curriculum	Program has many problems solved.
April 1980	Goal setting for drug curriculum committee and collection of hard data.	Cluster members School administration Parents Representatives from social agencies	Set goals for curriculum development	Specific goals were set.
May 1980	Team building session	AUNTI staff	Teachers and students need to understand social problems and set needs for in class instruction together	Team developed a program on interaction.
June 1980	Goal setting for new team	Cluster members Technical assistant from AUNTI	Same as above	Support was built and goals were set.
July 1980	Administrative support for new team	Cluster members	Have administration understand and support team efforts	Support granted.
September 1980	Reorganized drug curriculum committee	Cluster members Parents School administration	Continue curriculum development	Committee is working.

October 1980	Citizen's meeting on drug-related problems	Cluster members Parents	Collect data from parents concerning drug curriculum	Support for new curriculum was great.
	Team development on school-social problems	Junior high school team	Understand social impacts on students and develop programs to help with problems	Several new programs were developed.
November 1980	Develop program for solving problems at Meadowvale Elementary School.	Cluster members School administration School staff	To aid in solving problems	Program established to help solve problems.
December 1980	Intake session and formation of a student committee for drug curriculum.	Cluster members	Seek student input	Students presented many suggestions.
	Program on problem solving at Meadowvale continued.	Cluster members Administration School staff	Solve problems	Problem on construction of walls in open-space school solved. Walls will not be constructed. Other problems will be solved as time permits.

STATEMENT OF GARY WAPPES, NATIONAL ASSOCIATION OF PREVENTION PROFESSIONALS

Mr. Wappes. I am Gary Wappes from the National Association of Prevention Professionals.

I would only like to reinforce a couple of things I heard from the members of the previous panel. First, there is kind of a catch-22 involved in block grants in this situation, and that is that for block grant monies that go to the States there are so many people in chronic need that there is really desperation involved, and States are going to have to use the money to meet the needs that are really expressed to them.

Mr. Murphy. How do you get away from the argument, then, that if there are that many in such desperate need that we do not take those resources and take care of the desperate need first?

Mr. Wappes. My point is that there is such a desperate need now that there are not enough resources to meet them. If we don't start intervening in the beginning, our systems are going to break down utterly, because we are going to produce continually people with chronic problems—if we don't have some tangible, long-term commitment to prevention. That is what I see this piece of legislation as doing and having done for several years. I think the resources are most effectively spent.

I have heard others talk about how little money there would be even if there was a requirement of the States to use this money for training of prevention.

Mr. Murphy. There will be no requirement.

Mr. Wappes. Right. Only I am saying even if there were, it would be such a small amount of money that it wouldn't be able to get the quality of staff together to stay with the state of the art to be able to provide that technical assistance effectively over a larger area. One of the strengths of this program—I personally believe that what is going to work in New Jersey isn't going to work where I live in Oregon—is that each of our communities has its own individuality and that the people who live in those communities are best able to make judgments about what works for them.

What I have seen the regional centers do is really focus on transferring skills to individuals and local communities so that they can take those skills and then use that process to design the programs that are going to be effective in that sense.

I don't know that there is a real conflict for me in block grant as long as someone maintains the responsibility. Someone, I think has to be a Federal presence to make sure that those people get skills so that they can focus their direction and design the kind of program that can work for them. There is not a right way I don't think for any of us. Luckily, we are all still real individuals, I think, and there are the commonalities existing in how are systems work and how our processes work to impact those systems.

So we have to combine that skill with the local decision, and I think that is what the regional centers are able to accomplish.

Mr. Murphy. Do you think the States could make some contractual arrangements and keep the regional centers in existence, or do you think that would be too cumbersome to put together?

Mr. Wappes. I think it is unrealistic to expect that they will do it. I don't see any system in place to facilitate that cooperation. It has been a Federal arena for so long that the States don't have the on-going ability to relate to each other to make those kinds of decisions and contractual relationships.

Mr. Murphy. Have you worked at one of the centers?

Mr. Wappes. No, I have not. About 9 years ago I went through one of the training programs and have not had much contact with them since. But I think that it is precisely one of the strengths of this kind of system.

Now, the focus is on training people in school districts. As an association, it may sound counter to our purpose, but we are really not looking to build another hierarchy of people who are prevention workers, and the people who are members of our association—almost across the board their primary job is something else. They are educators. They are counselors, but they are incorporating prevention theory and methodology into what they are doing. I think the centers are able to do that most effectively.

Mr. Murphy. Most of your members have had training from the centers?

Mr. Wappes. No, no, I am not saying that. About 30 percent of our members are involved in education systems. I would say roughly 5 to 10 percent of our members have been involved in some of the training centers' activities at some point or another.

Mr. Murphy. Do you have any questions?

Mr. Erdahl. No, Mr. Chairman.

Mr. Murphy. All right. Do you have a prepared text at all? Oh, excuse me; I did not see it.

I would like to enter that as part of the record.

Mr. Wappes. Yes.

Mr. Murphy. Do you have anything additional that you think we should know?

Mr. Wappes. If I could conclude the point that by training people, you have other job functions. We are not building expensive systems. We are going to have educational systems, and if we can train people to incorporate prevention activities into other job roles, I can't see anything that is more cost-effective. They are already getting paid to spend a lot of time with young people in their most formative years, and if we can with this relatively small amount of money provide them with the technical ability to incorporate some prevention theory and some positive health motivations within kids, I think it can start resolving the problem that we are always running up against of so many people in chronic need that our systems are not able to handle them all.

In that I think we need to make some commitment to starting and continuing that prevention effort.

Mr. Murphy. All right. Thank you very much.

[The prepared statement of Gary Wappes follows:]

Prepared Statement of Gary Wappes, Treasurer of the Board of Directors, National Association of Prevention Professionals, Inc.

Mr. Chairman and members of the Subcommittee on Select Education, my name is Gary Wappes, and I am the Treasurer of the Board of Directors, National Association of Prevention Professionals. Our association is composed of individuals involved in programming designed to prevent drug abuse, alcoholism and other socially and personally destructive behaviors. Our members, from throughout the United States and Canada provide their services in a wide variety of settings including drug and alcohol treatment programs, youth service agencies, mental health centers and community action programs. Approximately 30% of our members are active, either as teachers or administrators, in local school systems.

I am pleased to be here today to share with you our support for reauthorization of the Alcohol and Drug Abuse Education Act currently under your consideration.

The National Association of Prevention Professionals believes that prevention programming should be a component of a comprehensive response system for the family, school and community in addressing problems related to substance abuse. State and Federal prevention efforts should support programs which have accountability and demonstrated results, as well as cost-effective management. Finally, programming should address the needs and priorities of local communities and schools. These local efforts should be supplemented by cost-effective support systems that provide training and technical assistance, that increase local capability for generating local support and that decrease problems related to alcohol and drug abuse. I have submitted a full copy of our Position Paper on Prevention for your information.

We feel that the services mandated in this Act are consistent with this position in several ways:

1. The Technical assistance services provided under the Act for the last nine years have never been used to dictate to local school systems the "right" way to deal with drug and alcohol abuse issues prevalent in local communities. This is clearly an arena in which local teachers and providers, intimately familiar with the communities they care about and work in, have much greater ability to judge and develop appropriate strategies to meet local needs. Rather, the Regional Training Centers have stressed putting an arsenal of tools into the hands of those local providers; tools to help them identify community needs and support, tools with which to plan and design workable programs, tools to incorporate preventive services into the ongoing fabric of local schools and communities, tools to evaluate the effectiveness of those programs, and linkages to others addressing similar issues to efficiently share successes and avoid expensive failures.

2. The Regional Training concept strategy of training teams of administrators and teachers from local school districts assures the most cost effective utilization of federal training dollars in these ways:

a. It incorporates prevention programming into local systems where, our best knowledge shows, it has the greatest potential for impacting young people where they spend the majority of time during their formative, growing years.

b. School teachers and administrators tend to remain in current settings longer than many people in the helping professions. Thus, the trained team is most likely to remain cohesive the length of time necessary to bring preventive programming to maturity, train other teachers and incorporate the principles of health promotion and drug and alcohol abuse prevention into their particular school environment.

c. By focusing the training on school personnel already salaried and supported by local sources, the Act avoids the costly, and inflationary development of another hierarchy of specialists requiring continuing, and increasing levels of financial support to maintain programmatic commitments.

3. The Block Grant approach to service funding is, in general, consistent with our position on local control and responsibility for program design and service delivery. We don't, however, feel that a blanket, approach to this issue is a responsible one. As I stated earlier, those local efforts should be supplemented by cost-effective support systems that provide training and technical assistance on a regional, multistate basis. This service, by its very nature, must remain a federal responsibility and function.

It is my understanding that approximately three million dollars are recommended for the continued operation of the Regional Training Centers during the next fiscal year. By withholding these funds from proposed Block Grant programming, and focusing it on the Regional Centers, a tremendous cost benefit can be realized. The centers can recruit and maintain the high caliber professional trainer that can stay abreast of the current state-of-the-art while efficiently transmitting that knowledge to local practitioners from a multi-state area.

If the funds were incorporated into Block Grant programs there is no assurance that they would be utilized to provide the training and technical support made possible by their expenditure in the Regional Centers. Additionally, that three million dollars, divided fifty plus ways under Block Grant formula would not provide any one state the funds to develop anywhere near the quality of programming being conducted today.

Currently, the Regional Centers are providing training and technical support to local teams in 450 school programs throughout the United States, Guam and Puerto Rico. The prevention programming that the thousands of graduates of the Regional Training Centers have developed during the past nine years has been, we feel, one of the most significant factors in the development of a preventive, positive health, health promotion mentality in this country. Maintaining that momentum to development is crucial.

In conclusion, we feel that the Act is consistent with our belief in local programming supported by federal support for technical assistance and training. We feel that this concept is a responsible, cost-effective, efficient and proper use for federal resources, and we urge your recommendation for reauthorization of the Alcohol and Drug Abuse Education Act.

Thank you for your patience and interest, and for your consideration of our opinion on this matter.

POSITION PAPER ON PREVENTION OF THE NATIONAL ASSOCIATION OF PREVENTION PROFESSIONALS

PREVENTION PERSPECTIVE

Prevention programing should be a component of a comprehensive response system for the family, school and community in addressing problems related to substance abuse. State and Federal prevention efforts should support programs which have accountability and demonstrated results, as well as cost-effective management. Finally, programming should address the needs and priorities of local communities and schools. The local efforts should be supplemented by cost-effective support systems that provide training and technical assistance, that increase local capability for generating local support and that decrease problems related to alcohol and drug abuse.

MANAGEMENT STRATEGIES

Integration and utilization of volunteers as a program management strategy.

Program management and accountability in producing cost-effective services which meet the needs of local schools and communities utilizing local resources.

Comprehensive programs which utilize various prevention strategies, including those which address community and school policy.

Programs which deliver services as opposed to only academic research. Program accountability and evaluation should not be confused with academic research.

Programs which encourage and have mechanisms for working with the private sector.

The development and maintenance of support systems, i.e. training and technical assistance, which address the management needs of local programs and which have experience/influence in the various systems in which they operate. These systems should be able to assist existing local agencies, such as schools, in the development of cost-effective programing.

Programs with local autonomy and control in responding to school and community needs.

I. Our common background

As the Association has developed, it has attracted members from many disciplines and fields of interest. From child development to education and from sports medicine to public health, NAPP has represented a point of common ground for professionals committed to health promotion. Diversity of background is not surprising in the prevention field. A recent review of federal prevention strategy revealed over one hundred (100) governmental agencies involved in some aspect of prevention services or policy.

Figure 1 below depicts the range of interests and experiences that have become a cornerstone of the NAPP membership. Despite these differences, however, many prevention professionals share a common core of concerns:

That federal, state and local prevention strategy is being developed without systematic input from prevention practitioners;

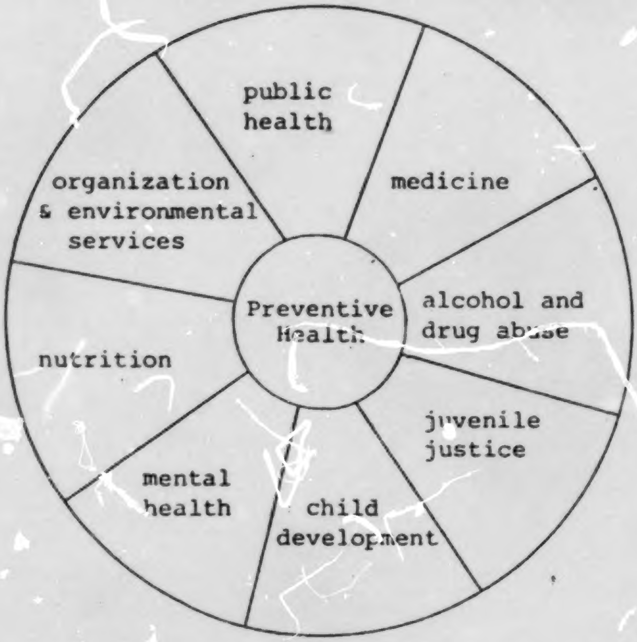
That preventive approaches continue to be de-emphasized when compared to treatment and remediation;

That adequate training and professional development opportunities do not exist within the prevention field;

That similar prevention strategies are being employed within various disciplines without coordination or information exchanged;

That prevention practitioners continue to be on the fringe of their respective professions.

FIGURE 1



Beyond the desire for networking and a more effective voice in public policy, there also lie similar beliefs and values that are widely shared within the Association:

We believe in the ability of people in communities to change in healthy, constructive ways;

We believe in the process of empowerment, whereby individuals and groups are able to assume responsibility for their health;

We believe that prevention should be consumer-centered, and that our programs and strategies are means rather than ends;

We believe that preventive services work with people rather than with labeled "clients."

These convictions united the early founders of NAPP and they continue to emerge as individuals discover the Association's nationwide prevention constituency. Whether unfortunately or to our credit, many prevention professionals find more in common with other NAPP members than they do with colleagues within their own discipline. As the field of prevention continues to expand, our common ground will become the foundation upon which an articulate and effective organization is built.

II. Our understanding of prevention

Occasionally, individuals who first become interested in prevention are frustrated by the field's apparent inability to clearly define itself. Definitions of prevention are frequently lengthy statements which nonprofessionals find awkward and of little help in explaining the prevention process.

Interest in preventive health, though, developed in hybrid fashion from a number of health and human service disciplines. Only recently has prevention emerged as a legitimate and distinct area of interest within government policy and health planning. As it parallels trends toward low-structured treatment services and self-care practices, prevention can expect to undergo a gradual process of redefinition and refinement.

From its inception, NAPP has attempted to offer a perspective on preventive health that reflects our interdisciplinary nature. We have tried to emphasize several key dynamics:

That prevention needs to be perceived broadly enough to include concepts of wellness and health promotion, but also needs the ability to focus on problem-specific risk behavior;

That prevention needs to address the personal and developmental competencies of people, as well as the quality of the social/environmental systems that affect their lives;

That prevention professionals need to be able to offer program strategies for constructive change, while at the same time emphasizing their primary role as facilitators of change.

We believe that the following definition incorporates many of these concepts. It is perhaps less a definition than a description, but it serves as a common point of reference for professionals within the Association:

Prevention is a proactive process which promotes health by utilizing an interdisciplinary approach designed to empower people with resources necessary to constructively confront complex, stressful life conditions and to enable individuals to lead personally satisfying, enriching lives.

Some elaboration on this position is helpful. The use of the term "proactive" in our definition implies a conscious and deliberate activity in advance of crisis or the need for remedial services. We emphasize the "interdisciplinary" nature of prevention because of our conviction that human behavior is seldom as categorical as the services designed to respond to it. We reiterate our goal of "empowering" people because the responsibility for preventive health lies, first, with individuals and social systems. We speak of "resources" in a broad sense, to include knowledge, skills and services that become the tools of a healthy lifestyle. Finally, we speak of "life conditions" because of our belief that health risk behaviors are seldom prevented or treated through simplistic approaches. Rather, a commitment to preventive health will ultimately involve the entire fabric of our lives, from our family experiences to our social acceptance and from our education to our opportunities for meaningful employment.

These are the tenets of our association with one another. We view prevention as a complex but not unattainable process. We believe in the importance of basic life skills and social competencies for people, but we also recognize the responsibilities of institutions and systems that affect the quality of their lives. We favor generic health promotion as a strategy for improving the quality of lifestyles, but we also believe that programs focusing on specific life areas such as alcohol use, mental health and family violence are indispensible.

Our understanding of prevention continues to evolve as the field moves forward and as our members emerge in positions of leadership. The values and beliefs behind that understanding, however, remain constant as reminders of our goals and national purpose.

III. Our position on prevention issues

As the field of prevention continues its rapid expansion, decisions are being made almost daily that will affect its eventual growth and direction. It is not our intention to discuss even most of those issues here. In many cases, they relate to policy or practice within a specific discipline or reflect trends within specific states or regions.

A number of general issues continue to be discussed among our membership, however, and they deserve to be outlined and briefly explained:

A. The recent emphasis on preventive health carries with it an implicit (and sometimes explicit) assumption that treatment services have been either ineffective or inappropriate. NAPP is founded on the belief that there is a continuum of health and human services of which prevention is a legitimate and vital component. We support the continued provision of remedial services to people in need. At the same time, we insist that prevention be granted partnership status with treatment systems, rather than be relegated to the category of "innovative" or "demonstration" programming.

B. As the nation's health care costs have increased, it has become clear that there is little relationship between the amount expended for remedial treatment and the overall health status of the population. Within some sectors, a percentage of funds is automatically set aside for preventive efforts, thereby demonstrating a commitment to the entire continuum of health and human services. It is important that these trends continue in order to ensure that preventive concepts become infused into our approach to human problems.

C. Despite the fact that interest in prevention has been around for some years, there are still few opportunities for training and professional development in this field. With the exception of traditional health education or public health backgrounds, many prevention practitioners have difficulty preparing themselves adequately for the resonsibilities of their profession. It is imperative that pre-and inservice training programs begin to address the emerging needs of the preventive health field.

D. For many prevention professionals, NAPP is the only available forum for interdisciplinary collaboration and exchange. Despite the fact that many of the concepts of preventive health are common to all health and human service disciplines, there is frequently only token coordination at federal, state and local levels. As a result, duplication not only occurs but those disciplines newer to prevention programming have no opportunity to learn from more experienced colleagues. We believe that associations such as NAPP can be instrumental in developing a preventive health strategy that goes beyond the confines of categorical programs.

E. As preventive approaches have gained more widespread acceptance, increasing emphasis has been placed on individual responsibility in health care. As economist Victor Fuchs pointed out in his book Who Shall Live, "The current potential for improving the health of the American people is to be found in what they do or don't do to and for themselves." It is NAPP's position, however, that individual lifestyle practices are only a part of the larger picture of preventive health. Environmental and system issues relating to employment, public policy, institutional discrimination and community development are also areas of vital interest and concern. We believe that strategies aimed solely at individual health education and health promotion will have limited success.

F. The prevention field must recognize the limitations of its generalized strategies within minority and ethnic communities. Our commitment to empowering people and to facilitating change implies that community groups ultimately know best what will and will not be effective. Policies should be developed to ensure that prevention programs are culturally relevant and meaningful for the individuals they seek to address.

G. Nowhere in the health and human service field is the cry for qualitative research evaluation so frequent as in prevention. Yet, no area receives so little support or funding as prevention evaluation. Whether the preventive strategies are of a public health nature or designed to improve the developmental skills of children, the field is in dire need of studies that address the programmming areas with which practitioners are involved on a daily basis. As the preventive health field grows in maturity, some of these studies are beginning to emerge. However, few programs have the capability and fewer yet have the skill to conduct sensitive and credible studies of outcomes.

These issues only begin to reflect the concerns and needs of prevention professionals. However, they are indicative of the direction in which NAPP hopes to lead the prevention field. Some of them are professional concerns, some are organizational concerns and still others relate to a philosophy of program services. Together, they represent some of the long-range priorities of the Association from which positions on specific issues are derived.

IV. Our common challenge

Throughout this paper, the National Association of Prevention Professionals has tried to outline the core of its commitment to the field of preventive health. To be certain, a great deal more remains to be said. Our organization continues to grow steadily, and the task of incorporating the needs and priorities of members is a substantial one. We are doubtful that this paper provides a great deal of additional information to prevention professionals. Its primary purpose, however, is to portray the organization's relationship to the field and its understanding of its mission and purpose.

The task of organizing a national prevention constituency has been monumental. The fact that NAPP has now been in existence for over three years is itself a significant accomplishment. The real challenges of the Association, though, are still ahead. Alongside our beliefs and our convictions, these too should be set forth:

The prevention field will continue to wrestle with the issue of health promotion versus problem prevention. The demands of evaluation will call for greater program specificity while the broader concepts of wellness and lifestyle change will continue to appeal to prevention workers;

The role of the prevention "professional" will need to be more clearly articulated to include concepts of community facilitation and empowerment;

Definitions of prevention will continue to need refinement as the organizational sciences tell us more about creating change in systems;

The status of prevention funding will continue to be in jeopardy as the emphasis upon health and human service programs continually shifts;

The prevention field will need to integrate itself into the larger continuum of care in order to avoid a shortlived moment of professional popularity;

NAPP will need to develop widespread appeal in order to organize an effective voice in public policy;

The role of research and evaluation will need to be defined in order to improve the ability of the prevention field to be internally and externally accountable.

NAPP has a long way to go to realize these dreams. At this stage of development, each and every member is a valuable asset in an effort to gain acceptance for the concept of preventive health. Whether it is in state chapter organizing or participation in the National Policy Council, countless members of the Association are working on the very issues this paper has outlined. If you find values and thoughts similar to your own reflected in this paper, we hope you'll consider becoming a member of the only national organization specifically devoted to prevention. If you are already a NAPP member, we hope to have rekindled some of your convictions of what we can become . . . together.

Mr. MURPHY. I might say to the witnesses that it is the opinion of both the majority and minority members of this committee who report out the bill to continue the national focus, continue the categorical program and we will be doing battle with the Senate and the administration for the next several months.

Thank you very much.

[Whereupon the subcommittee adjourned.]

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